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ORIGINAL DEPARTMENT.

LECTURE.

PSEUDO-RHEUMATISM IN INFECTIOUS DISEASES.

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GENTLEMEN: In the lecture we devoted to the consideration of the remarkable lessons of Prof. Bouchard, on diseases induced by malnutrition (*ralentissement de la nutrition*), we analyzed but very succinctly his opinions and remarks regarding secondary rheumatism, or what may perhaps be better termed infectious rheumatism.

It seemed to us at the time that the study of this morbid process, though but incomplete, offered too much interest to be considered incidentally in the course of a lecture on another subject.

The appearance of a thesis on the subject by a distinguished élève of M. Bouchard, M. Bourey, offers a favorable opportunity for a proper reconsideration of the whole question. In this work (*Des Determinations Articulaires, des Maladies Infectieuses, Pseudo-rhumatismes infectieux*, Paris, 1883), Bourey has collected, and very happily grouped the different cases found in scientific literature; and if, at some points, his researches have remained incomplete, he has, at least, the great merit of placing the subject clearly before the scientific world, and of pointing out in what direction future research must be undertaken.

Every form of infectious disease may present, among its contingent manifestations, articular determinations entirely distinct from true rheuma-

tism, and induced by the general infection of the system.

This law of general pathology is already demonstrated for most parasitic and virulent diseases, like gonorrhœa, the eruptive fevers, puerperal fevers, farcy, dysentery, etc., and on all these points our author could but collect and comment on the numerous documents which have been brought forward on the subject.

Nevertheless, several forms of infectious disease seem to form an exception to this rule. Such is the case for typhoid fever and pneumonia; the existence of a typhoidic or pneumonic pseudo-rheumatism remains problematical.

It is this part of the question which merits the special attention of pathologists. Unhappily, positive facts are wanting, but observations exist which show that the typhoidic virus may affect the joints and give rise to different forms of arthropathy; some superficial and without serious significance as regards prognosis, others, on the contrary, becoming rapidly of great gravity, with tendency to suppuration and proving rapidly fatal.

As this form of purulent arthritis may appear at an early period of the disease, it cannot be attributed to pyæmia; as M. Alb. Robin has judiciously remarked in a memoir reporting two cases (*Gaz. Med. de Paris*, 1881), we are forced to admit that it is due to the action of the typhoid virus itself.

But as regards arthropathy of pneumonic origin, the demonstration is less conclusive. Putting aside altogether the idea that pneumonia is a general disease, considering it to be almost always a local affection, we must nevertheless admit the existence of a general disease, infectious and

probably contagious, with an anatomical pulmonary substratum; in a word, pneumonic fever. But by the side of this morbid entity, rare, at least in our climate, there exist many forms of secondary pneumonia, inflammations of the lungs supervening during the course of many diverse morbid conditions, such as herpetic fever, prolonged exposure to cold, etc.

So that, before accusing the pneumonic virus of causing the different forms of arthropathy occurring during the course of a pulmonary phlegmasia, we should first assure ourselves that the pneumonia is not itself secondary to an infectious process or some general disease.

But are we justified in admitting the existence of pneumonic rheumatism, because articular inflammation is present during the course of pneumonia? Evidently not; and it must be admitted that most of the observations invoked by M. Bourcy date from a period when almost exclusive attention was paid to local lesions, and the general symptoms received so little attention that it is impossible to class the observations at a nosologic point of view.

So that we cannot accuse the pneumonic virus of inducing articular manifestations, due perhaps to some general malady, attacking at the same time the lungs and articulations.

But might not the rheumatic accidents so frequently observed in influenza, be assimilated with the serious articular troubles observed in the course of real infectious diseases?

It may be a question whether certain cases of subacute articular rheumatism are not under the dependence of some morbid factor, such as influenza, whether accompanied or not by angina or bronchitis. If this last interpretation be well founded, we can easily explain the occurrence of rheumatoid accidents in individuals who have no predisposition, hereditary or otherwise, to rheumatism, who have never before had the malady, and who do not present any disease of the visceral or cardiac serous membranes. We can also then understand the favorable action of the evacuates and sulphate of quinine in such cases, while salicylate of soda and analogous forms of medication, usually efficient in rheumatism, remain without effect in subduing the attack.

It would be then of practical interest to separate these cases of apparent rheumatism from the manifestations proper to the disease itself; this is what M. Bourcy has attempted to accomplish in the second, and most original and instructive part of this work.

Besides the articular determinations of well-

defined infectious diseases, we meet with a certain number of observations of unusual forms of rheumatism, evidently of infectious origin, which defy the ordinary classification.

These morbid conditions sometimes present among their symptoms, often as the most prominent accident, articular manifestations, resembling those occurring in the course of certain diseases affecting the entire system; they are then apparently of a rheumatic nature, but present several clinical peculiarities, manifestly of an infectious nature, which dispel the hypothesis that the disease is purely rheumatic. It is to these clinical forms of disease that MM. Bouchard and Bourcy have applied the denomination "infectious pseudo-rheumatism."

Other observations of the same nature have been recorded by Delieux (*Union Med.*, 1854) under the title "acute maladies of the articulations with production of pus, simulating rheumatism," and later on, by Quinquand, (*Gaz. Med. de Paris*, 1871) under the denomination of "arthro-suppurative disease."

More recently, on account of the special attention paid to all forms of infectious disease, many similar cases have been observed, two were published by Mathieu (*Revue de Médecine*, 1883), and Bourcy in his thesis gives several new observations occurring in his own practice.

It is very probable that the cases of suppurative rheumatism, which have excited so much discussion, are of the same nature and might serve in completing the history of infectious pseudo-rheumatism.

But it must be admitted that absolutely conclusive cases, not admitting of other interpretation, are not as yet very numerous, and, on the other hand, they present so many dissimilarities that they can hardly be ranged under the same denomination. Every attempt at synthesis would thus be premature at present, but it will be interesting to trace the clinical characters which distinguish this morbid process from true rheumatism. To form an idea of the subject, we will consider the most marked type of pseudo-rheumatism.

An over-worked individual, who has never had an attack of rheumatism, complains of general malaise with great loss of strength, high fever, and repeated attacks of epistaxis; as local accidents several of the joints are found inflamed.

Suppuration soon occurs in the joints and peri-articular tissues; at the same time the general symptoms are more marked, and take on a distinct adynamic character. The tongue becomes dry

tended, the sensorium becomes affected, and alternatives of delirium and sub-coma come on.

An important fact is that the urine coagulates when treated with nitric acid, but does not present the dark red coloration with uratic sediment, so characteristic of veritable rheumatism. Finally death by collapse ends the scene.

At the autopsy, all the lesions proper to the infectious diseases are found in the blood and also in the viscera; a thickened condition of the blood, fatty degeneration of the liver and kidneys, softening of the spleen, sub-cutaneous and sub-visceral hemorrhage. When there is effusion into the serous cavities, the liquid is not sero-fibrinous, as in ordinary rheumatic polyarthritis, but really of a purulent character. Does not such a symptomatology prove the existence of an infectious process, without invoking the presence of minute organisms in the pus found in the joints and in the urine, a circumstance observed in several cases.

Again, as M. Bouchard observes the characteristic of infectious rheumatism is to respect the heart and attack the kidneys, and when albumen is found in the urine in a case apparently of true rheumatism, it should inspire doubts as to the real nature of the morbid process. Albuminuria, as Gubler has shown, is very exceptional in rheumatism, except when renal embolism occurs.

Clinical experience then demonstrates that certain forms of infectious disease exist, which have an especial tendency to affect the joints, and resemble in a certain degree ordinary attacks of rheumatism.

Such cases probably occur more frequently than is generally admitted. For besides the more marked and serious cases, others of slower evolution are met with which should be considered as attenuated forms of infectious pseudo-rheumatism.

One of our observations presents a good instance of this. A young man presents himself with slight fever and general malaise; locally there was pain in several of the joints, epistaxis, erythema nodosum, and albuminuria; no transpiration, the tongue coated and somewhat dry. The diagnosis was subacute rheumatism; but no exacerbation of the articular symptoms occurred on the following days, there was neither redness nor tumefaction of the joints; pain persisted, but was not of great intensity.

Little by little the general condition improved, and the patient suffered only from the joint troubles. These remain in about the same condition, and M. Bouchard fears that incomplete fibrous ankylosis may ensue.

In such a case it is evident that the infectious nature of the morbid process cannot absolutely be affirmed; but the presence of albumen in the urine is of importance. However, it is certainly not a case of true rheumatism, and it is of no avail to administer salicylate of soda, while the evacuant method, useful in all forms of infectious disease, proves here of benefit.

Diverse forms of cutaneous eruption are observed in these cases, such as polymorphous erythema, urticaria, purpura. Many cases termed erythema nodosum, nettle-rash with fever, rheumatic purpura, might be assimilated to pseudo-rheumatism of infectious origin.

To affirm this at present would hardly be justifiable, but this way of regarding such morbid conditions, which have so far proven refractory to any form of classification, merits further attention. Research on questions so obscure will, it may be affirmed, be continued by clinical observers of every school until valuable data for general pathology are obtained when necessarily much benefit will accrue to therapeutics.

COMMUNICATIONS.

THE THERAPEUTIC VALUE OF MENTAL OCCUPATION.

GRADUATING THESIS OF HANNAH M. THOMPSON, M. D.,
Of the Woman's Medical College of Pennsylvania,
Class of 1883.

Therapeutics, in the largest sense of the term, comprehends everything pertaining to the treatment of disease. Literally, it signifies to heal or cure; practically, it should, therefore, include all curative agents, whether acting directly or indirectly.

Hygienic and prophylactic measures, both of a mental and physical character, are as properly a part of the healing art as the discovery and application of medical remedies. To ascertain the causes of disease, to deal most efficiently and wisely with it, and to advise such a course of life as will most likely protect against it, and promote physical and mental vigor, requires a knowledge of the entire organism, both in health and disease, and of its environment as well. In addition to the subjects generally included in the curriculum of our medical schools, not less essential to the physician of to-day is a knowledge of psychology, sociology, of mental hygiene, and all that relates to psychical diseases and their treatment.

As teachers of health and as healers of disease, and is covered with sordes, the abdomen is dis-

we cannot ignore the relations of mind and body, for out of these are the issues of life and health, or of death and disease. When physicians come to a better understanding of the reactions of the moral and intellectual life, they will allow more for the immediate effects of spiritual causes upon the physical health.

Mental and moral influences are often more powerful in modifying bodily conditions, warding off disease and prolonging life, than all the remedies of the pharmacopœia and all other hygienic aids.

An increase of nervous and mental diseases, growing out of a complexity of organization and environment, which a high state of civilization implies, demands a consideration of all agencies which may have a value in their prevention and cure. Of these, the influence of mental conditions has not perhaps been sufficiently considered, nor all the advantages taken of it which might be taken, as a valuable therapeutic agent.

The Influence of the Mind upon the Body.

This is proven by abundant facts both physiological and pathological. That mental impressions have a powerful effect upon the action of the heart and other organs, as well as upon the various secretions and excretions, is illustrated by daily experience. We have a striking example of this in the case of the secretion of milk. A fretful temper, fits of anger, grief and fear, have a marked influence upon the quantity and quality of milk. On the other hand, other things being equal, a tranquil state of mind is most favorable to healthy secretion, as it is to health in general.

The familiar cases given by Carpenter, of instant death of the infant in one case, and convulsions in the other, show that this secretion may acquire an actually poisonous character from violent mental emotions.

Tuke proves by many illustrations that "Thought strongly directed to any part, tends to increase its vascularity, as well as sensibility."

It is well known that excessive emotion or long-continued mental depression is a prolific source of disease, and amongst the chief causes of insanity. Dr. Taylor of New York, in an article on "Emotional Prodigality," gives amongst many other cases, one of a child suffering from spinal curvature, clearly traceable to nervous excitement and exhaustion, attendant upon frequent visits to a favorite relative.

These, and many other facts which might be given, show the marvelous power of mind over body, and give us a potent element for good or ill, which we cannot always estimate, and do not always consider.

In the treatment of our subject we shall briefly consider it from the *hygienic* and *curative* as well as *prophylactic* standpoint. From the first point of view we are led to inquire: Is mental work promotive of health?

Physiology answers in the affirmative, as it is a law of the animal economy, that the exercise of any organ or structure, within certain limits, increases its growth and nutrition. The brain demands thought, as the muscles or the other organs of the body demand their normal exercise, and the refusal to satisfy this need is productive of suffering and loss of power in the one case, as in the others. Reasoning then from the very nature of things, and from experience, we can dismiss this part of our subject with but a passing consideration, as it is now a well-recognized fact that well-directed mental work contributes both to health and longevity. Some of our leading physicians attribute the delicate health which prevails among women and girls of the better classes to the strain of mental work. It is undoubtedly true that some cases of nervous and mental diseases of both sexes follow excessive mental work; but the cause can generally be traced to unhealthful modes of living, or to the excitements and dissipations associated with our educational system and the demands of modern society. "Too often it is the waste, not the legitimate outflow of force, which drains the supply of energy. In worry, not work, in excitement, not calm intellectual labor, lies the greatest peril." Competitive tests, cramming, premature and unregulated mental work, and the restriction of mental cultivation to any one period of life, is unphysiological and unpsychological, and cannot be too strongly condemned.

Education means something more than the acquirement of so much knowledge. It falls far short of its highest purpose when it fails of securing discipline, growth, and strength amongst its results. Our present system of education is greatly responsible for much of our mental infirmity and inefficiency, as well as for the physical impairment which too often results from its dwarfing and stupefying methods, and its disregard for the simplest laws of hygiene. There seems, however, to be an awakening in this direction. Better methods of instruction are being discussed, and the subject of physical culture is beginning to receive the attention it demands.

Mental Occupation as a Curative Agent.

The value of mental influence as a remedial agent is understood and made available by every physician who is fully master of his art. In this

way we may account for most of the salutary effects of cheerful society, change of scene and of occupation. Even famous methods of cure are oftener indebted to the hopeful state of mind which they arouse rather than to any direct action upon the suffering organ. The patient of cheerful spirits, hopeful views, and a calm abiding faith, has within himself a restorative which assists and intensifies the action of more direct therapeutic measures. This agent is a valuable adjuvant in all debilitated conditions, and especially in those of a chronic character. The physician who can interest or arouse the *mind* of his patient, by his sympathy, by the hope and courage he inspires, or by the tonic of new thoughts and a fresh purpose in life, has gained half, and in some cases the entire battle.

In the treatment of the insane, the importance of the environment cannot be over-estimated. This is now so well recognized as to be applied to ordinary cases of wear and tear. What is known as the "rest cure," makes it almost an essential that the patient shall be isolated as completely as possible from the daily people as well as the daily cares of his previous surroundings. Physicians do not, I think, always appreciate the importance of the impressions they make upon their patients, or realize the power of looks and words and thoughts in the treatment of many cases. A true and wise physician who has the real healing spirit, is himself often his best prescription.

Quackery takes advantage of this influence, often to the detriment of the patient and the dishonor of the physician.

The therapeutic power of mental remedies is best illustrated in the treatment of functional nervous disorders, especially when associated with mental symptoms. A natural susceptibility, which is one of the strongest factors in the etiology of these disturbances, becomes, when judiciously managed, a means by which curative action can be aroused—so sure is nature in compensations.

In neurasthenia, above all other diseases, there is no prescribed routine of treatment. Its diverse causes and varied nature would make this a failure. All remedies which have any bearing on the case, and all influences, are sometimes needed in meeting all the varieties of this disease, and the physician who has the clearest insight and the most ingenuity in devising ways and means will be the most successful.

A change of occupation is often beneficial, and in all cases of long duration employment of the mind is essential.

Some of our physicians, in endeavoring to combat a morbid self-feeling and introspection, which neurasthenia, and chronic diseases generally, is apt to engender, have recommended mental work—course of study and of instructions with some definite object in view. Anything that will interest the mind and supply it with healthy nutritive food is a saving power.

Many cases illustrating the beneficial and curative influence of mental occupation have come under my observation while a medical student, two of which I will briefly report:

Case 1. Had been in delicate health for about nine years previous to commencing medical studies, and for the preceding three years had been obliged to abandon all work. Her poor health dated from an attack of cerebro-spinal meningitis. From this illness she was an invalid for nearly two years. During the next five years she was able to continue her work most of the time; but it being arduous and of a sedentary nature, she not only did not regain strength, but with the addition of uterine disease, she became so debilitated as to be again reduced to almost complete invalidism. She remained in about the same condition for the three years previous to her attendance at college.

When she matriculated she was a great sufferer from general debility, severe nervous headaches and dysmenorrhœa, but she was still able to sit up a part of each day, take a little exercise, and accomplish a small amount of mental work. She commenced by taking two subjects of the medical course; the amount of mental labor required averaging about three hours a day. This much at first she could only accomplish on her best days.

At the end of the first winter her improvement in health had been so great that she decided to take the regular course. Improvement during the following three years was steady, continuous, and permanent. Each year showed a lessening of her most troublesome symptoms, and a gain in mental and physical strength.

At the end of this time, which was her last winter in college, she attended the lectures and recitations in five branches, and passed the final examination in all of these at the end of the session. During this last winter she was able to sit up all day, and to study the greater part of the time. She seldom failed in attendance upon fifteen lectures a week, with quizzes upon these, and clinics, besides preparation for examination upon five subjects, which of itself involves a full amount of mental labor, and requires no little physical strength.

When she graduated she was seldom troubled with nervous headache, and was entirely relieved of the dysmenorrhœa. After graduating, she engaged in hospital work for a year. The work here was not continuously hard, but like that of the general practitioner, was irregular and taxing at times, there being many consecutive days when great strength and endurance were required. During this year she was never unable to attend to her duties, however continuous and laborious they proved to be. She could walk four or five miles without discomfort, and at the end of the year had gained thirty pounds in weight, which brought her up to the normal standard before her long sickness.

It was my pleasure to meet her on her return from this year in the hospital, and I was surprised to see how greatly she had improved. I had noted her progress in health as we worked together in college, but I was scarcely prepared for this rapid stride toward what seemed perfect health and strength. She not only looked plump and rosy, but well and strong. She said she was feeling well, but had to be careful and not over-work.

Recently she writes me, now nearly two years since her graduation, "I am enjoying good health and am certainly growing stronger each year." During her attendance at college, this invalid student, besides struggling against physical weakness, and assisting in household work, labored under a mental strain entirely foreign to her studies. In regard to this, she says. "The wear and tear which are attendant upon severe study, quizzes and examinations, was nothing in comparison to the constant anxiety and pressure from this source."

(To be continued.)

THE HYGIENE OF INEBRIETY.

BY J. A. KIMMEL, M. D.,
Of Findlay, Ohio.

Since the days of slavery, which received its death-blow in the midst of a fearful internicine tragedy by one stroke of the pen of the lamented President Lincoln, perhaps no subject has received so great a share of the attention of the people of the United States, or filled them with as much apprehension, as the subject of the intemperate use of ardent spirits.

The medical profession, as a matter of course, have noted the deleterious influence of this evil on the human race. For when a stranger presents himself for relief at our clinics, he is almost in-

variably asked the question, "Are you a drinking man?" And no physician dare deny its pernicious influence, especially when surgical operations are to be made, and his success or failure will depend in a great measure upon the man's previous habits of temperance or intemperance. Yet I fear there is an erroneous idea gaining ground in the profession, which, if adopted, would encourage rather than discourage the use of intoxicating liquors, viz: That when a man addicts himself to inebriety, he is not to be blamed, but rather to be pitied, and not punished according to law; that he is the victim of a mental infirmity. The mental, moral, and physical effects of alcohol are mistaken for the original cause of his indulgence. To illustrate: Hepatization is not the cause of pneumonitis, but the result; so is mental feebleness not the cause, but the result of drinking.

If this doctrine be true, all our feeble-minded and eccentric people would constitute the drinking class, whereas the able-minded and educated are more frequently found to be addicted to this habit.

Let me ask: Is the man who premeditatively enters a saloon to indulge an unnatural appetite—one he has acquired by cultivation—any more the subject of pity than the man who enters a house of prostitution to gratify an appetite firmly implanted in him as well as all living creatures?—the very appetite which prompts him to propagate his species.

Bodington, of London, says: "For my part, I look upon all habitual drunkenness as a disease, and would boldly call it dipsomania."

Here, again, taking the purposely perverted appetite and sensations for the cause of his misfortune, as well regard every case of habitual thieving, of habitual adultery, of habitual lying, of habitual murder, as a disease, and recommend the abolition of all punishment for these crimes. It is true they are so regarded by a few would-be philanthropists, properly styled social traitors. Yet the man who indulges in drink is just as responsible as he who indulges in those other vices. It is simply the man's own indulgence in a vicious habit that brings upon him diseases, bodily and mentally. If I willfully expose myself to unhealthy localities or influences, I am liable to contract a disease which would become chronic by repeated attacks, and I then might claim that I was not responsible, or that the disease was the cause and not the result of my infringement on nature's law. Let men refrain, or be forced to abstain from vice, and we will have no use for

"Homes for Inebriates." If then the redress lies in the prevention and not in the cure of this evil, I wish to make a pertinent suggestion.

Has the American Medical Association, the great hygienic counselor to the government, ever advised its client on this matter? Or has it never noticed the mountain, because its attention was so closely directed to the infusoria found in a drop of water on its side? Will they recognize the facts in the case by introducing a resolution setting forth their belief that intemperance is a promoter, supporter, and entailer of disease on the nation, consequently a source of impoverishment? and that they recommend to state and nation the enactment and enforcement of such laws as shall effectually curtail if not entirely abate the malady—recommending punishment instead of *enjoyment* to the man who uses as well as to the man who sells alcoholic drinks as a beverage, as much as you would to a man who would open up in your town a stock of goods for sale that had been impregnated with the poison of small-pox or yellow fever? A word from this source would have more weight than any other in the land.

A CASE OF TETANUS, WITH STATISTICAL AND OTHER NOTES.

BY THOS. S. SOZINSKEY, M. D., PH. D.,
Of Philadelphia, Pa.

The subjoined summary of the clinical features of a case of injury followed by tetanic symptoms, met with in my practice, together with a few appended notes on statistic and other features of the disease, may be possessed of an interest to some.

"Charles W., aged four and a half years, well-developed and healthy, of no special temperament, while at play on May 2, was injured on the front side of the second phalanx of the little finger of the left hand, with a brick. The part was bruised and lacerated. Dr. —, whose office is near, was called in. He made a hasty examination, said that the trouble was slight, wrapped a piece of adhesive plaster around the finger, and left. The boy's mother, who is intelligent and careful, drew attention to the fact that on feeling the finger something seemed to project and move, as if a fracture were present, but the doctor gave no serious attention to her observations. However, a week afterward the wound was only partly healed, and was somewhat inflamed. It getting slightly re-injured, the mother examined it closely, and on removing something which she could observe through a little rent in the skin, found it to be a piece of brick, averaging about a quarter of an inch in diameter in all directions.

"On May 16, I (the family physician) was called to see the case. I found the sore angry-looking, and inflammation spreading, with the formation of little collections of pus under the skin. A flaxseed-meal poultice was applied, and poulticing was continued until the 15th, when the wound seemed almost healed. Later, petrolatum was kept applied for several days. No medicine, save a dose of magnesia, had so far been given. On the 15th, decided stiffness was observed about the lower jaw. The mouth could not be fully opened by a third. There was a tendency to excessive playfulness—a state of mental exaltation. The temperature was at 100° Fahr., and it persistently remained, I may here say, between 100° and 101° up until the 10th of June, when it gradually fell to the normal point. A teaspoonful every three hours of a mixture containing Hoffman's anodyne, paregoric, syrup, and camphor-water, was ordered and continued to the 21st. On the 21st, the mouth could not be quite half opened, and a loss of control of the muscles of the lower extremities, which had been becoming more and more marked, was then very decided. The so-called sardonic grin was very observable, and had been for several days previous. Swallowing of anything except liquids was accomplished with great difficulty. The salivary secretion tended to become inspissated and accumulate about the throat, and caused a tendency to cough. There was no tenderness on pressure at or near the seat of wound. This was the state of things when Prof. C. K. Mills saw him with me. It then (21st) being decided, at his instance, to resort to more active treatment, the following prescription was given:

R. Potassii bromidi,	ʒ ij.
Chloral hydratis,	ʒ ij.
Ergotini,	gr. xij.
Syrupi aurantii,	f. ʒ j.
Aquæ menthæ piperitæ, q. s. ad.	f. ʒ iij.

M. et S. One teaspoonful every four hours.

"This medicine was continued day after day in connection with hygienic measures, including keeping the patient in a quiet room. A careful examination daily did not bring to light any effect from it. But at any rate the case did not grow any worse. Two weeks later, quinine was given in moderately large doses for three days with the intention, mainly, of causing the temperature to fall, but without any apparent effect. Later, there being an obvious lessening in the tetanic symptoms, medicinal measures were largely relinquished.

"By the 15th, he was pretty well, and on the

20th no evidence of the disease was discoverable. The tetanic symptoms were present a month."

Now, of course, there is no reason to doubt that the tetanic symptoms in this case arose from the wound of the finger; and that the presence of the piece of brick largely, or even wholly excited them, is extremely likely. The removal of the foreign body was probably timely; if it had been allowed to remain much longer a fatal attack of tetanus might have been the result. Leaving this comparatively large body in the finger, I may here remark, was a rather unsurgeonlike piece of work. There was carelessness in the primary examination of the wound. The doctor was intelligent enough, being a regular graduate of over ten years' standing. He was only careless—very careless—in his examination, just as a great many others are, of apparently trivial injuries and conditions. Every wound should be carefully examined before it is dressed.

As is usual in such cases, there was much anxiety as to the issue, even in this extremely mild one. It is very well known by people in general as well as the members of the profession, that tetanus is a serious disease. It is, indeed, very serious. The saying, "Spasm from a wound is fatal," expresses the common belief to-day, just as it expressed it for an indefinite length of time before quoted long, long ago by Aretæus. A name often given it by the Germans is very significant, namely, *todtenkrampf* (death-spasm). Nor is the belief in its fatality poorly founded. In his "System of Surgery," Dr. Gross says: "If an instance of recovery is occasionally met with, it only goes to confirm the general law of the mortality of this affection. In an experience of forty years, I have seen but three cases where the patient escaped with his life, and then only after a protracted and painful struggle." This would give little room for hope, if the disease were common.

As to the degree of commonness of tetanus, Mr. Poland, in his notable article on the disease in "Holmes's System of Surgery," says, that of 3,668 surgical lesions observed in Guy's Hospital, during seven years, there occurred in 1,364 cases of "major and minor operations," one case of the disease; in 594 cases of "wounds of all varieties," nine; in 856 cases of "injuries and contusions," one; in 458 cases of "burns and scalds," three; and in 396 cases of "compound fractures," nine; thus making twenty-three (23) cases in all. Referring to the fatality, he says, "Taking all forms together in a fair average number of cases, the proportion seems to be seven and a half ($7\frac{1}{2}$) deaths to one (1) recovery."

In the third and last surgical volume, just issued, of "The Medical and Surgical History of the War of the Rebellion," it is said: "Of the two hundred and forty-six thousand seven hundred and twelve (246,712) injuries by weapons of war, five hundred and five (0.20 per cent., or a little over two in a thousand) were followed by tetanus. * * * Of the five hundred and five cases, four hundred and fifty-one, or 89.3 per cent. ended in death." The recoveries here were therefore in nearly the same proportion as that given by Mr. Poland.

In Philadelphia during the ten years ending with 1881, there were 311 deaths* reported from the disease, exclusive of 166 attributed to *trismus neonatorum*. This would be one death to every 565, there being 175,842 in all. Hence a general practitioner might not have one in his practice for a very long time.

(To be continued.)

HOSPITAL REPORTS.

SERVICE OF LOUIS A. DUHRING, M. D.,
Professor of Diseases of the Skin in the University of Pennsylvania.

(Reported by Henry Wile, M. D.)

Acne Rosacea.

A woman thirty-five years of age presents a very marked case of this disease. The disease occupies the greater part of the face, and the patient having been under treatment for several weeks, has been steadily improving. The treatment first consisted in the use of an ointment composed of the white precipitate, thirty grains to the ounce of vaseline; then a lotion of Vlem-inckx's solution, one part to six of water. Under the use of the lotion the improvement was decided. It is dabbed on the parts twice a day, ten minutes at a time. The effect is to reduce the hyperæmia, lessen the development of additional papules and pustules, and to have a general stimulant action upon the cutaneous circulation. The effect of the lotion has been so satisfactory that I will advise a continuation of its use, in somewhat stronger proportions—one part to four, or even three. In strong solutions it should be used with some caution, it having a slightly caustic action. In addition, all pustules, and papules showing a ten-

*Of these cases the proportion said to be idiopathic cannot be given, because the Reports of the Health Officer are unsatisfactory on this point, all the cases being given as "tetanus" some years, while in the others the cases returned as traumatic, and so specified, are likely very far from complete. But, in fact, it is questionable whether all cases do not arise from wounds or local injuries of some kind. At any rate, as Dr. Flint says in his "Practice of Medicine," in either "its symptomatic characters are essentially the same."

dency to develop into pustules, should be incised and allowed to bleed, and the parts should be bathed with hot water and washed with soft soap or spiritus saponatus kalinus every day.

No kind of disease of the skin is more important than the one which this case represents. The practitioner is constantly seeing this disease, and its successful treatment often taxes his powers. The treatment of acne rosacea is sometimes easy, at other times most difficult. In this case the disease is yet in an early stage where there are no new-formed capillaries, and I expect to cure it entirely.

Besides the agents already mentioned, precipitated or sublimed sulphur, one to four drachms to the ounce of vaseline, may be employed with benefit. I generally use first some simple preparation like sulphur, and often with entire satisfaction. If this does not answer, some form of mercury may be tried. It is always a good plan in the treatment of most diseases of the skin to use simple remedies first. Internally the patient is using the fluid extract of ergot in half-drachm doses three times a day, with the view of acting on the capillaries and glands.

Lupus Erythematosus.

A woman twenty-five years old exhibits a marked disease on both lower eyelids, and on the upper portions of the cheeks and the nose. The patches are quite red, sharply defined, and on the right side the process has crept downward and is already involving the nose on that side.

The affection has existed one year, and until lately was confined to the eyelids. A careful and close examination is necessary to make the correct diagnosis. It may be mistaken for eczema, syphilis, or scrofula of the skin. There are certain points, however, which give the key to the diagnosis. On the nose may be noticed more recent lesions, showing involvement of the sebaceous glands, their ducts and outlets being enlarged, and if the yellowish seborrhœic crusts be carefully removed, they will be seen to have minute prolongations corresponding with the ducts from which they were removed. This is not the case with any of the other diseases above mentioned. The peculiarity of this case is that it began on the eyelids and crept downwards upon the nose, it being more usual to begin on the nose or cheeks. In one place the tendency to the formation of cicatrices may be seen, and besides the lesions already mentioned, there is to be noticed on the right upper lip a split pea-sized patch, which is evidence that the disease is developing; and it is probable that if left to itself it will before many months or years involve the greater portion of the face.

Lupus erythematosus is a tolerably common disease the world over, and it is therefore important to recognize it when it presents itself. It is one of the most difficult of all diseases of the skin to handle, one of the most obstinate to effect a cure, and it is well for the patient to understand this at the outset.

The treatment in this case has thus far consisted first in the use of an ointment of ammoniated mercury twenty grains to one-half ounce of cosmoline; later a lotion composed of the sulphate of zinc, sulphuret of potash, each twenty grains

to four ounces of water, together with application of spiritus saponatus kalinus, and the internal use of two minims of Fowler's solution. The external treatment is most important, and the above sulphide lotion I can recommend in a certain class of cases. I have used it for several years, and in most of the cases with good results, in one or two with excellent results—so much so that I deemed it worthy of public notice, and therefore presented a paper on the subject to the American Dermatological Association, which met several weeks ago. The lotion is specially recommended in hyperæmic cases. This patient is steadily improving under its use, and I will advise her to continue. Internal treatment should be cautiously employed, as many remedies rather tend to aggravate the disease.

Psoriasis.

A young girl sixteen years of age comes here for advice respecting a disease occupying for the most part the extensor surfaces of the arms and forearms. The lesions consist of pin-head to split pea-sized pale red spots, covered with dry, whitish scales. There are a few lesions on the forehead, and some scattered over the surface of the body. The eruption first appeared about three months ago, and is spreading. The diagnosis is easy. Psoriasis is a common disease, and in point of frequency stands, perhaps, next to eczema and acne.

Where the lesions are small and pale, as here, there is usually not much scaling. The spots are entirely diagnostic and cannot be mistaken. Psoriasis is one of the easiest diseases of the skin to diagnose, because it does not show multiformity, the lesions varying but little, and always presenting the same general characteristics being, of course, sometimes redder, sometimes paler.

In the treatment of cases of this kind we get good results with arsenic, and I will order the use of Fowler's solution in two-minim doses combined with the compound tincture of cinchona, to be increased every week until four-minim doses are reached. In a few weeks the patient ought to show some improvement. Where the lesions are small, as in this case, no local treatment is necessary, though in private practice it may be resorted to.

Eczema Rubrum of the Face and Scalp.

An infant aged seven months presents a marked form of this disease upon the cheeks and vertex, consisting of patches of inflammation, here and there oozing and covered with scales and adherent crusts. The case has been under treatment here for several days, and the lesions on the face are showing signs of improvement, while those on the scalp exhibit evidences of neglect, the crusts being allowed to remain. It is remarkable often how mothers, and even physicians, will object to the removal of these crusts. But as long as such effete material is permitted to remain, no remedies can be applied with success; it must, therefore, first be removed. After this has been done in this case, the following ointment will be ordered:

R.	Acid. salicylic,	gr. xv.
	Pulv. zinci oxid.,	
	Pulv. amyli,	āā ʒj.
	Cosmoline,	ʒvj.
Sig.	Apply twice a day.	

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Pleurisy with Effusion.

The next patient, D. M.—, is a young man, nineteen years of age, and a native of Ireland. He is unmarried, and a laborer by occupation. Was admitted yesterday, December 7. He only drinks occasionally, and never to excess. He gives no specific history, and has never had rheumatism or ague. He was perfectly well until sixteen days ago, when he was working out of doors on a very cold day, and he thinks that he then caught cold, for in the afternoon he felt chilly, feverish, and he had a profuse sweat that night. The next day he felt sharp stabbing and shooting pains in his left side, which were made worse by taking a long breath and by coughing. He stayed at home for two days, and then, feeling better, he went back to his work; but he had to give it up again five days ago. Last Sunday he began to feel sick, and could eat nothing, and was troubled with nausea and vomiting. He also lost strength and became short of breath, and these difficulties still continue. On admission, a large red surface was noticed upon his left side, which he said was due to a blister which had been applied to relieve the pain. His bowels were regular, and his urine normal. His pulse was 77, respiration 24, and temperature 100.4°.

This, gentlemen, is the typical history of an acute disease occurring in a young and healthy individual. There is here a distinct history of exposure to a cold draft after he had become heated by work, and then a chilliness and slight fever, followed by pain in the left side, which was made worse by coughing or taking a deep inspiration; then after being ill at home for two days he went back to his work, which he had to give up again five days ago because he became weak, and lost his appetite, and felt sick, and was short of breath. Now, from this subjective history alone, no doubt some of you will be able to specify the name of the disease, for this is the typical history of many of the cases of pleurisy which come here.

Inspection.—The respirations are increased in frequency, and there is freer movement on the right side than on the left. There is some bulging of the chest-walls on the left side, and the intercostal spaces are not so well marked as on the right.

Palpation.—The apex beat can not be detected here. It is sometimes difficult to get it in this affection. But by pressing the hand as firmly and evenly as possible over the region of the heart, you can often detect it in this way. Or you may sometimes get it by pressing the hand up under the ribs in the epigastrium; and this I find can be done in this case.

Percussion.—As the patient lies on his back, in percussing from above downward over the left side of the chest, dullness begins to be appreciated at the second rib, and it is continuous and complete down to a line two and a half inches below the nipple. On the right side the area of liver dullness begins at the lower border of the seventh rib, and is normal in extent; but the organ is slightly depressed. As the patient sits

up, percussion on the back shows dullness over the left side below the spine of the scapula, and there is a sense of resistance or solidity imparted to the hand.

Auscultation.—Posteriorly, over the upper portion of the left lung, bronchophony, or tubular breathing, and tubular voice is obtained, and just above the inferior angle of the scapula is heard an ægophony or bleating sound.

This bronchophony and bronchial breathing is not an unusual sign in pleurisy with effusion, and it is almost invariably present in children. But as a rule in adults we get an absence of vocal resonance and of the breath-sounds, though they may sometimes be obtained at the root of the lung posteriorly. On the other hand, in children under ten years of age, it is the rule to get them all over the upper portion of the chest. In this young man, however, we get the same vocal and breath-sounds as are usually obtained in pneumonia, or in any of those cases where from any cause the lung has become consolidated. And the presence of these signs in the adult often makes the diagnosis of a pleurisy with effusion from a condensation of the lung from any cause, extremely difficult, especially if the effusion nearly or quite fills the pleural cavity. And this difficulty is sometimes made greater, because of the fact that with the bronchial respiration and bronchophony, in cases of condensation of the lung, you are also apt to get moist sounds produced in the bronchi, which resemble the friction sounds in pleurisy produced by the rubbing together of the opposite surfaces of the roughened pleura. But there are certain points which, if you bear them in mind, will aid you often in distinguishing a pleurisy with effusion from a condensation of the lung. Thus when the amount of fluid exuded only partially fills the chest, the line of dullness will change with a change of position, and this settles the diagnosis. Again, when the effusion is on the left side and completely fills the chest, it usually causes a displacement of the heart, while the inflammatory processes do not. And again, when the effusion is on the right side of the chest, the depression of the liver may be such as to aid you in settling the diagnosis. But of late years a new means of determining the presence of a pleuritic effusion has been brought into use, which is a crucial test, and it enables you to lay aside the information derived from all the other signs. It consists in puncturing the chest with a small hypodermic needle, and drawing off a little of the fluid for examination. This is a perfectly safe procedure if it is properly done in the right place. There are two places either of which may be safely selected for the operation. One is in the axillary line at a point not lower than the seventh intercostal space, and the other is upon a line let fall from the inferior angle of the scapula down the back to a point not lower than the eighth or ninth intercostal space. The doctor has already punctured this man's chest, and he found fluid, and he will now repeat the operation in your presence. (The needle of a hypodermic syringe was now introduced into the eighth intercostal space, in the line of the inferior angle of the scapula, and upon withdrawing the piston the instrument became filled with a nearly clear and transparent watery-looking fluid.)

The chest is full of fluid of the description which you see there in the syringe. It is probable that the lung itself was not punctured, for there is no blood in the fluid withdrawn, and care was taken to use a short needle. Now, therefore, the diagnosis of this case is complete. It might easily have been made from the history and the subjective signs, and have been confirmed by the physical signs, but it is made certain by the single procedure which you have just witnessed. It is a typical case of pleurisy with effusion. The prognosis in this, as in the majority of cases, is good.

The treatment of pleurisy, in the olden times, consisted in the application of a blister and the administration of a diuretic. And this was the classical plan of treatment when I was a medical student, and for many years after I became a regular practitioner. The treatment by aspiration has only come into general use within the past twenty years; though I do not think that it is even now resorted to so frequently in cases of simple pleurisy with effusion as it was five years ago. But for those cases in which there is a purulent effusion, its use is becoming daily more and more common. Where there is simply a serous effusion this may be very readily absorbed when no other means than counter-irritation and diuretics are employed. And it is found that in those cases where aspiration has once been resorted to, it frequently becomes necessary to repeat the operation.

This patient will be treated with diuretics, and by counter-irritation. And the best way of applying counter-irritation, is to paint over the surface of the chest with iodine. This will not be done at present, however, because he already has a sufficiently large blistered surface. We will see at the end of a week what change has been effected by treatment.

The patient still has a slight fever, and his temperature last evening was 102.4° , while this morning it was 100.3° , and it is probable that this evening it will be 102° or 102.5° again. He may go on thus for some days yet, and then he will pass into the antipyretic state, and the fluid will gradually disappear, and then he will be well again. This is the course which the disease takes as a rule. But sometimes the amount of fluid will not be diminished by these means, and then it becomes necessary to relieve the patient by tapping. And as this is a simple operation, and never dangerous, it should always be employed if, after two or three weeks, the diuretics have produced no effect in diminishing the amount of the effusion.

For Shame!

The *Coll. and Clin. Record* tells us that the malappreciation of the services of medical men is a sufficiently familiar subject of remark. It is well illustrated in the amounts paid by different steamship lines to their medical officers, which are said to be wholly inadequate to the service and responsibility of the position. It is stated that on one line, which carries an immense number of passengers, he receives smaller compensation than the steward of the vessel, and is paid the same wages as the fifth engineer, or the steerage steward.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

The Duty of the Hour.

BEING AN EXAMINATION OF THE RELATION OF THE MEDICAL PROFESSION TO THE GENERAL USE OF ALCOHOLIC LIQUORS.

Read before the Philadelphia County Medical Society, September 26, 1883.

BY HENRY LEFFMANN, M. D.

In his work on the descent of man, Mr. Charles Darwin, of blessed memory, remarks that he made in the course of his studies a large collection of the definitions which have been offered as expressing the distinctions between man and the lower animals. The primary object of this collection was to show the insufficiency of such definitions; but unfortunately the learned author abandoned his plan, and the list was never published. I have always regretted this, because I was anxious to see if any one had been bold enough to sacrifice the honor of the race to its independence—in other words, to define the human being as the only animal in which natural passions are abused and unnatural appetites developed. Though it may be a pessimistic view of human nature, yet we cannot avoid the conclusion that the definition is substantially correct. The history of races and nations presents us invariably with a picture of unbridled passions, the fierceness of which is but slowly and uncertainly assuaged by civilization; for in the modern as well as in the ancient world, it is in the centres of intellectual development that the greatest license has been seen. Legislators, both of the civil and ecclesiastical order, have wrestled with these problems, and in some forms of excess have tried every expedient, from the most desperate repression to the most indulgent remonstrance, but with only partial advantage. Among the vices which appear to be characteristic of man under every climate and social condition, is the use of alcoholic liquors; and although the evils of this indulgence have been vividly presented to every one, yet a determined effort to obliterate the habit belongs only to our own time.

In that almost exhaustive treatise on moral and religious polity, the Jewish and Christian Scriptures, we notice that the duty of total abstinence has not been inculcated either among Hebrews, although the daily duties of life were regulated with microscopic minuteness, nor among the leaders of the new dispensation, although they founded a most extended system of asceticism and self-denial. We are concerned, however, with the present, not with the past. Around us is a social system of great complexity. Though progress is slow, yet we need have no fear of its general direction. Each year marks too slight a movement to permit us to distinguish the result, but each century gives us a definitely recognizable advance, and shows clearly the tendency of the race to a higher and purer life. It is the text of my discourse to-night that the basis of this higher morality is self-restraint, and the basis of self-restraint is the influence of example. In the consideration of total abstinence, and the relation of the

medical profession to its encouragement, we must clearly distinguish between the use of alcohol as a beverage and as medicine. With the question of its therapeutic indications and contra-indications, we have absolutely nothing to do in this paper. As to the method and form of its clinical use, however, as will be shown later, very important questions arise.

I think I may safely assume that the use of alcohol is not necessary to the maintenance of ordinary health. Its physiological effects have been extensively studied, and concordant results have not always been obtained. I need not stop to reconcile these differences, for the greater portion of the published results is not germane to my subject, nor will it be necessary to devote time to the presentation of statistics. One authority will be sufficient, because it is an authority in whom opportunities of observation and experiment are combined with sound common sense and accurate logic. Without desiring to slight the labors of other workers, I think we find in "Parkes' Hygiene," the whole subject of alcohol so thoroughly discussed as to render other authority superfluous. In this work it is established beyond question that the use of alcohol is not beneficial, that it does not increase the power of the system to resist extremes of heat, cold or fatigue, and that even in special cases in which stimulants appear to be needed to maintain the resisting powers, other substances may advantageously be used. It is certainly surprising to read that one of the most common opinions, I would rather say superstitions, about alcohol, that it assists the body in resisting cold, is without foundation. Scarcely any of the minor causes of drinking are more general than this; yet the unanimous testimony of those who have been in charge of polar expeditions is against its beneficial action in such vicissitudes, and some of these leaders have, after their first experiences, declared that they would not take on any subsequent voyage any person addicted to the use of stimulants. As regards the general effect of the continual use of alcohol on persons in ordinary health, I cannot do better than quote briefly from papers read by well-known clinicians, before this Society two years ago. Dr. Wood says: * "Although I hold that the habitual use of alcohol is to well-fed persons not only unnecessary, but positively harmful, it seems to me that in many cases of disease, and in those periods of life when by reason of age the body waxes weak, alcohol is found of great value. Under sixty years of age the daily employment of wine may for most persons be very well discountenanced. * * * It is notorious that in America almost every one in reasonable health consumes much more food than the system needs, so that any alcohol taken is added to that which is already in excess." Dr. Pepper holds,† that the quantity permissible is very small, not more than one and one-half ounces of absolute alcohol in twenty-four hours, taken much diluted and only at meals. A very large number of persons, either from susceptible stomach or a gouty diathesis, cannot safely take

alcohol at all. Dr. Bartholow says: * "As a stomachic tonic alcohol is effective only in the case of those not habituated to its use. * * * That in time a catarrhal state of the mucous membrane is produced and a pathological secretion obtained, shows the impropriety of the long-continued use of alcohol as a stomachic tonic." Finally, although relating to the therapeutical use of alcohol, I cannot avoid quoting some forcible and logical remarks made by Dr. Woodbury † in a discussion on the treatment of pulmonary consumption. "Nothing in clinical medicine is more certain than that the continual use of alcohol in even moderate doses stimulates the development of connective tissue all over the body, nothing in pathology more evident than the fact that alcohol is a prolific source of pulmonary disease, nothing in toxicology better established than the observation of the action exerted by alcohol upon the respiratory centre. For this reason it is especially dangerous in pulmonary consumption."

It is unfortunately too true that no quotations from authority or rehearsal of statistics are needed to show the moral and physical injury done by alcohol. Directly and indirectly it is a prime factor in the promotion of disease and crime, and when we reflect upon the thousands of desolated homes and ruined prospects for which this agent is annually responsible, we cannot wonder at the sentiment which is slowly but surely developing in the community against all phases of industry or trade which have for their object the furtherance of the use of alcohol; nor can we doubt that to the success of the work of moral regeneration of our race the obliteration of these industries is essential. A powerful assistance in securing and maintaining sobriety would be to destroy the superstitious respect in which the various beverages are held. Non-medical persons are generally aware that physicians attribute particular values to particular liquors. In my own experience I have found very few persons who are willing to admit that they use liquor merely because they like it. They generally find some other reason—the necessities of the system, the advice of some physician, either to themselves or to some friend. One person uses beer because it is a tonic; another because of its nutritious value; and so on—every reason but the real one, because they like it. Not a little of this popularity of liquor is due to the glamour of sentiment which attaches to it. Even the austere psalmist, who, with the exception of a single sin, "did what is right in the sight of the Lord," has praised the "wine that maketh glad the heart of man." And for ages poets and prose writers have extolled the qualities of stimulating beverages and the romance of their manufacture. In our time, however, these sentimental features are but imaginary. Nothing in the present methods of producing liquors is of a character to make us respect them as types of poetic or convivial relations. The wine that stands on our tables no longer shows in its ruddy color the rainbow tints—

"Caught where the morning sunbeams, stooping low,
Have kissed Grenada's plain."

* Is Alcohol a Food. Proceedings Phila. Co. Med. Society, vol. iii, p. 135.

† Effects of the prolonged use of Alcohol in the Nervous System and Organs of Special Sense. *Op. cit.*, p. 139.

* Alcohol. Its therapeutical uses internally and externally. *Op. cit.*, p. 127.

† Proceedings Phila. Co. Med. Society, vol. iv, p. 175.

Nor does its aroma repeat

"The dainty perfumes of the East
That Horace used to praise."

No, the suggestions that are now called up by those who know the facts, are the suggestions of the fourth floor of a Front street warehouse, where rectified spirit, animal charcoal, glycerine, saponified cotton-seed oil, aniline red, burnt sugar, *et hoc genus omne*, are being mixed together and transferred to casks and bottles ornamented by lying labels. The foaming tankard of malt liquor no longer suggests the

"—house where nut-brown draughts inspire,"

but the images now appropriate are those of bloated workmen, aloe, quassia, and the hop substitutes, salicylic and boric acid, baking soda, gum for preserving froth, and beer pumps for producing it. In short, no romance belongs to our alcoholic beverages. They are the products of influences allied with the lowest levels of mercantile honor, and their touch is corrupting.

In an article read before this Society two years ago,* I put forward the view, that when alcohol is to be used by physicians, it should be used as such, and not in the form of special manufacturers. I cannot express myself better than by my words on that occasion, as follows:

"We know that liquors prepared by strictly natural methods are not constant in composition; we know that under the exigencies of trade additional conditions of variation are produced, and even complete substitution brought about. I have for some time thought that the best way to secure entire constancy in the therapeutic use of alcohol would be to have the preparations made up by regular prescription, or by printed formulæ in the *Pharmacopœia*. The substances which exist in wine, beer, or brandy, are in accidental mixture—some are useful, others useless. Why should we not have the useful articles properly combined by competent hands, and the useless omitted. * * * And the physician, instead of ordering a special wine, will simply prescribe such preparations as may be necessary of alcohol, water, flavoring ethers, and astringent or bitter principles." These prescriptions, like those containing other powerful ingredients, should be renewable only at the instance of the physician.

I have lately learned with much pleasure that Dr. A. W. Miller, of this city, a gentleman well known to most of the members of the Society as an experienced pharmacist, is about to publish a paper advocating a similar view. Dr. Miller indeed expressed such opinion publicly several years ago, although I was not aware of it then. His large experience in the manufacture of flavoring, coloring, and other materials used in liquor imitation, gives him the right to speak with authority, and I find by my conversation with him that we are entirely in accord. In his paper he intends to call attention to the fact which I would not have time to consider, that, in wines and brandies, factitious articles are sold at high prices, and thus the practice of ordering such articles exposes patient to both deception and robbery.

Not the least of the injuries which is done to the community by the laxity of physicians in reference to the use of liquors, is the encouragement which is thus given to the sale of quack medicines under the guise of bitters and tonics. No greater fraud is put upon the public than the preparations which are advertised under these names. They are alcoholic beverages in their most dangerous and insidious form. I have this week examined one of the most extensively advertised of the lot—Warner's Safe Tonic—and I find it to contain a considerable amount of alcohol, in association with some other combination of syrup and bitter extract. When it is remembered that this article is bought at a price much above its value, and is used mostly by persons already somewhat out of health, we must see that the harm done is incalculable. Yet the popularity of these articles is largely due to the fact that they meet what most people believe to be a necessity in disease, an alcoholic tonic. During the last few years several eminent physicians and chemists in this country and abroad, have gone almost into spasms over a knowledge of such adulterations as the use of alum in baking powders, glucose in candy, and oleomargarine in butter, all trifling and non-injurious substitutions; but we hear very little about the far more dangerous preparations of the class just alluded to. The most striking evidence of the profoundly misguided condition of the public mind on these topics, was well shown lately in New York, when the officers of the Business Men's Moderation Society gravely condemned the use of the harmless glucose in beer, and then gave, inferentially at least, certificates of wholesomeness to beer containing between four and five per cent. of alcohol.

It is in view of the points which I have here enumerated, that I feel obliged to lay before this Society, and through its published proceedings before the world, the accusation that the medical profession is responsible for a very large portion of the misery which alcoholic beverages produce; and I declare that the time has now come when a stand should be taken in favor of abstinence. I believe that it is established by the citations I have given, that alcohol is not needed by healthy persons. I know that many non-medical persons use liquor because of the general approval of it by the medical profession; and I think it can be demonstrated that although alcohol itself is a substance of great value, alcoholic beverages are entirely unnecessary. Of late years, although physicians have assumed the right to speak broadly upon many questions affecting public health and public morals, they have been singularly conservative as regards the evil of moderate drinking. Yet it seems to me that sewer construction, registry laws, quinine pills, river pollution, ethical innovations, etc., on which topics so much energy has been expended recently, do not approach in magnitude the reform which is here urged.

The pollution of a river water by organic matter before it reaches a city reservoir is rarely so serious in its effects as the pollution of it by alcohol after it leaves the hydrants; and the dangers of Rye Beach, of which we have heard so much, are trifling compared with the dangers of rye whisky, or what is labeled as such.

The learned professions are potent influences in

*Medical Relations of the Commercial Adulteration of Wines and Liquors. Proceedings Phila. Co. Med. Society, Vol. iii., p. 132.

moral reform, and for many centuries law and divinity have exercised much more control over the race than has medical authority. This relation is now rapidly changing. The questions of civilization are regarded as practical problems, largely medical in character, and the direction of education is passing into the control of the scientist and physician. Both the lawyer and divine have recognized alcohol as a foe to public and private virtue, for courts now frequently regard intoxication as an aggravation rather than as an excuse for crime, and the almost unanimous temper of churchmen is against any form of indul-

gence in stimulants; even the time-honored employment of wine in Communion is not sufficient to maintain its use, and unfermented wine is now a familiar article of commerce. Let us then begin at once to discharge our duties, and ally ourselves openly with the laity, who, though lacking in scientific knowledge, have the good of the community at heart. Let us recognize that while many evils claim our attention, the importance of a firm stand in favor of total abstinence is urgent, and is indeed the "duty of the hour."

(To be continued.)

EDITORIAL DEPARTMENT.

PERISCOPE.

The Causes of Undue Arterial Tension.

In his address before the late meeting of the British Medical Association (*Brit. Med. Jour.*, August 26, 1883), Dr. Broadbent thus sums them up. He says:

We may proceed now to the enumeration of the conditions under which arterial tension arises, most of them being such as are attended with accumulation in the blood of imperfectly oxidized nitrogenized waste.

1. Renal disease of whatever kind, except acute suppurative pyelitis and nephritis, and perhaps tuberculosis and amyloid degeneration, is attended with high arterial tension, due to the imperfect elimination of urinary constituents. So characteristic of disease of the kidney is the pulse of high tension, that it has been named the renal pulse; but the term is extremely objectionable, for, although such a pulse is often at once suggestive of disease of the kidneys, and may facilitate the diagnosis, it is very common when there is no renal change; and, on the other hand, it may be absent temporarily or permanently when advanced disease of the kidneys exists. If tension be permanently wanting, however, it may be a prognostic sign of the worst augury.

2. Gout, again, is so constantly accompanied by high pulse tension, that the term gouty pulse has passed into currency. It is, of course, open to the same objections as the name renal pulse. Arterial tension is present in both acute and chronic gout; and the name suppressed gout, so conveniently vague, and open as it is to abuse, might perhaps serve some useful purpose if it were employed simply to designate such states of impaired health in middle and advanced life, as are characterized by the presence of unduly high arterial tension.

The class would correspond very closely with the conditions described by the late Dr. Murchison, in this work on *Functional Derangements of the Liver*, the symptoms being attributed to lithæmia. In gout, the form of nitrogenized waste is uric acid: in some of the states comprehended under

the head of suppressed gout, the oxidation of nitrogenized matter has probably stopped short of the stage at which uric acid is formed, and the compounds are even more injurious in their effects on the system. It is not necessary to describe in detail the modes of life which conduce to the accumulation in the blood of this imperfectly organized nitrogenized waste—they are excessive consumption of animal food and alcoholic drinking, sedentary habits, and the like.

I have been greatly struck with the frequency and degree of high arterial tension met with in Englishmen returning from India and other hot climates. My preconceived idea was that the external heat and free perspiration would produce general vascular relaxation, but observation has shown the exact contrary of this to be the usual result. The explanation, no doubt, is that the Englishman carries his meat-eating habits with him to hot climates, and there being there comparatively little need for combustion in order to maintain the temperature of the body, the nitrogenized food is imperfectly burnt off and eliminated.

3. Lead-poisoning is another cause of high arterial tension, and it is noteworthy that it frequently gives rise to gout and kidney disease, the conditions already spoken of, attended with excessive intra-arterial pressure. Probably the formation of compounds of organic matter with lead salts, albuminates of lead too stable to undergo readily dissociation and oxidation, is the cause of accumulation of imperfectly-oxidized products in the blood.

4. Pregnancy is invariably accompanied by increase of tension in the arteries. Whether this arises from a general augmentation of the volume of the blood, or from the presence in the blood of effete matters derived from the fœtus, is, perhaps, not altogether settled. Drs. Mahomed and Galabin have carefully investigated the rise of pulse-tension in pregnancy. It is worthy of note that Bright's disease may be established by pregnancy as well as by lead-poisoning.

5. Anæmia, and especially chlorotic anæmia, is accompanied by high arterial tension. This, as I have before said, is an unexpected fact, but it is

in my experience, constant. Probably the explanation is similar to the explanation of the breathlessness attending this condition—the red corpuscles, the carriers of oxygen, are deficient, and just as they are insufficient to convey to the nervous system the increased amount of oxygen required in exertion, so they do not supply sufficient oxygen for the oxidation of the effete matters in the blood and tissues. The occurrence of dilatation of the left ventricle and mitral regurgitation, as an effect of anæmia, is at once understood when the resistance in the peripheral circulation is taken into account. It is not merely the innutrition of the walls of the heart, due to anæmia, which causes them to give way, but the increased pressure thrown upon the left ventricle by this resistance.

6. In cases of emphysema and chronic bronchitis, and sometimes even in phthisis, the systemic arteries present the signs of increased tension; in emphysema they are specially marked. This might be attributed to general fibrotic change in the tissues as well as in the lungs, but this is not the whole explanation; imperfect aëration of the blood has a share in provoking the resistance, as is shown by its varying degree in the early stages of the affection of the lungs. Mitral stenosis may here be mentioned as associated with arterial tension, without discussing the relation between the two. With scarcely an exception, the radial artery is full between the beats in mitral stenosis.

7. Inherited tendency must, in some cases, be assumed to exist as the only explanation of undue tension in the arterial system. I have frequently found it in young students, and sometimes in school-boys and children of ten or eleven, quite independent of overt gout or gouty family history, and not traceable to habit, climate, or mode of life. Again, I have seen several examples of this kind. All the males of a family die about or before the age of sixty, from consequences of high arterial tension of one kind or another, while the females, or most of them, survive, presenting, however, the signs of extreme pressure within the arterial system. Women, it need scarcely be said, are not exposed in the same way as men to the influences, dietetic and others, which intensify arterial tension, and precipitate its fatal effects.

8. Finally, constipation must be mentioned as a cause of temporary increase of tension, which very frequently proves to be the last straw in bringing on an attack of apoplexy or syncope.

Disseminated Sclerosis in Children.

The *Medical Times and Gazette*, September 29, 1883, says:

The absence of any mention of this affection in the leading text-books on the diseases of childhood has induced M. Marie to investigate the literature of the subject, and the result of that inquiry is the collection of fourteen published cases in which a diagnosis of disseminated cerebro-spinal sclerosis had been made in children. The majority of these have been recorded in this country; a large proportion of them will be found in our pages during the years 1877 to 1879. The characteristic symptoms are the same as in adults, the most important being trembling on voluntary

movement, usually first noticed in the legs, and generally accompanied by exaggeration of the tendon reflexes. Strabismus and nystagmus were frequently present; and affections of speech were almost constant, the speech becoming slow, monotonous, and measured; occasionally trembling of the tongue was noticed. A certain amount of mental disturbance was usually present, *e. g.*, irritability of temper, impaired memory, or weakened understanding. Epileptiform or apoplectiform seizures were present in some of the cases. Affections of common sensation were but seldom present. In most of the cases the disease came on quite early (about the age of four years), and in one or two may have been congenital. We should exclude M. Charcot's patient altogether, as the patient was fourteen before any symptoms were recognized, and it therefore cannot fairly be grouped with cases in which the disease commenced in childhood. In several instances the disease seemed stationary, in some was slowly progressive; in one instance the patient completely recovered, but had a relapse afterwards consequent upon a fright. In only one case did death occur. The patient in this instance was a girl of fourteen, who had first presented symptoms of nerve disorder seven years previously, strabismus, diplopia, and left facial paralysis being the first indications. Two years later, paralysis came on, and became general, but was not persistent. Mental changes commenced about the same period, and from this time the intellect progressively deteriorated. There was marked incoördination of movements before her death, but no evident muscular wasting. On examination there was found increased resistance of the brain substance, due to affection of the central parts, and not of the cortex, the whole of the corona radiata being involved and altered in consistence; the crura cerebri, crura cerebelli, and pons were also more resistant than natural, and this was more marked on the right side than the left. In the spinal cord the posterior columns were most affected, and next the lateral. Microscopically, a process of sclerosis was found to be going on in the affected areas, and it was especially noted that the changes were most obvious around the blood-vessels, which themselves had undergone some cell-infiltration. The writer is of opinion that the irregular distribution of these patches of sclerosis justifies him in considering the case to be one of disseminated rather than diffuse sclerosis. M. Marie has endeavored, in the paper we have been analyzing (*Revue de Médecine*, July), to show that disseminated cerebro-spinal sclerosis may occur in children with the same symptoms and pathology as in adults. We feel bound to confess that we do not think he has succeeded in proving his position. Out of the fourteen cases he has collected, only one proved fatal, and there was found a diffuse, or at any rate a widespread, irregular sclerosis of the white matter of the brain and spinal cord, the grey matter apparently being uninvolved. This is not quite in accordance with what is usual, nor do we consider that the symptoms and course of the disease in many of the cases were such as would exactly tally with a case of disseminated sclerosis. These cases, however, appear to us all to belong to the same group, but we consider that further pathological evidence is required before

they should be classed as of the same nature as disseminated sclerosis in adults.

On the Treatment of Whooping-cough.

Dr. W. C. Webb thus writes in the *American Practitioner*, August, 1883:

My only design in asking the attention of the Society to the treatment of whooping-cough is to relate my experience in the use of croton-chloral in nearly two hundred cases of the disease observed during the last four years.

The lesson taught me by this experience is to the effect that croton-chloral is, with very rare exceptions, singularly well borne by children. Next, that to get the full value of the drug it must be given in decided doses—doses large enough to produce quick and marked effect. A child twelve months old will bear a grain of the medicine every four hours, day and night, or six grains in the twenty-four hours; and to get its curative effects, not less than this should be given. This during the first week. After that time the cough is usually so much relieved that the number of doses may be lessened, the drug being given say during the day only. Used in this way, that is, pushed to its full effect, I have very seldom seen a case in which the cough was not under entire control within a fortnight. And I include in this statement several excessively severe cases, complicated by convulsions and marked catarrhal difficulty.

Children from ten to twelve years old will require two grains of croton-chloral at a dose, while an adult will not often bear more than four grains repeated, as in the young child, every four hours.

The drug does not disorder the digestive organs, and by lessening the frequency and severity of the paroxysms, puts an end to troublesome hemorrhage and vomiting. Occasionally, the first few doses produce some irritation about the throat and fauces, but this soon passes off. The toxic effects of the medicine do not seem to affect the organic centres. I have more than once seen patients fall asleep under its influence while in their chairs, the respiration and movements of the heart remaining unchanged.

Croton-chloral is readily dissolved in comp. tr. cardemons, if first the drug be thoroughly pulverized. An eligible mixture is formed by dissolving one drachm in two ounces each of tr. card. and glycerine.

I have met with several cases in which the paroxysms of cough were so severe and accompanied by such extreme gastric irritability that it was necessary to give the patient a few whiffs of chloroform before attempting to administer the croton-chloral. I have seldom found it necessary to repeat the chloroform more than two or three times. In such cases as have used the anæsthetic the very happiest effects have followed.

Of the mixture I have mentioned, one drachm of croton-chloral and two ounces each of tr. card. and glycerine, the dose is a half teaspoonful every four hours for a child two years old and under.

Croton-chloral is so expensive a medicine that I have, owing to the known efficacy of belladonna in whooping-cough, sometimes used the following recipe, and with very good results:

R. Croton-chloral,
Tr. cardam.,
Tr. belladon.,
Glycerin.,

M. Dose, same as of other.

3 j.
3 ij.
3 ij.
3 iij.

I have sometimes combined the several bromides with the croton-chloral, but I never felt sure that they added in any degree to its efficacy. If one bromide was better than another, it was the bromide of quinia. But I rely now exclusively on the croton-chloral in the management of pertussis. While I have never seen any unpleasant effects from this drug, I scarcely need add that in its exhibition a watchful care should be exercised lest, for some reason, its toxic effects should manifest themselves.

Recurrent Gangrene of the Lung.

Dr. Thomas A. Vesey reports a case in the *Dublin Jour. Med. Sci.*, September, 1883, and makes the following remarks:

In practice I have met with but three cases of gangrene of the lung. In two the factor was constant, and from start to finish there never was any improvement or remission; both these cases were fatal.

In the case above related there were well-marked remissions. Between the attacks the health was almost perfectly restored, for Mr. ——— ate well, slept well, was almost free from cough, with scanty expectoration; no feator of expectoration or breath; the respiration clear, and no crepitus.

Of this extraordinary form of gangrene, but few cases are met with. The late Dr. Stokes, of Dublin, mentions two well-marked cases. In one instance, occurring in a female of middle age, the disease proved fatal after a continuance of many months. No cavity was found until within a few weeks of death.

The other example was in the case of a young man, who, after a long struggle with the affection, seemed to have recovered perfectly. However, he subsequently died of pneumonia. In both cases there was singular obscurity of physical signs in the early periods of disease.

In my case, I over and over again examined and failed to detect any cavity, dilatation of a bronchus, or evidence of large amount of fluid in the lung. *Primâ facie* after the copious expectoration of fetid matter, one expects, by the usual means, to detect a cavity, but it appears that copious fetid expectoration does not necessarily imply the formation of a cavity or the detection of the source of the expectoration.

Stokes argues that in the earlier periods of this disease there is no solution of continuity or much consolidation of the lung, and that this is a disease commencing in points (healthy tissue intervening) with all the difficulties of diagnosis attending the detection of analogous changes—*e. g.*, the first stage of tuberculosis or isolated cancers. But there must be something more, for one of the phenomena of the disease is the copious secretion of a fetid matter, which makes it almost certain that either the portion of the lung which suffers death must be insignificant, or that the surface which secretes the putrid fluid is extensive, and this fluid is originally poured out in a putrid form and the disease is at first one of secretion. The

presence of such sputa proves nothing, except that generally a disintegrating process is taking place somewhere in the pulmonary apparatus, and the question is, whether this disintegrating process occurs with the intact bronchi or is associated with destruction of the parenchyma of the lung.

We may conclude with Stokes that in any case where sudden fetid expectoration has occurred, we are not justified in pronouncing the lungs healthy or the patient in a safe position because physical examination, even the most accurate, fails to detect disease sufficient to account for the symptoms.

The Mutability of Bacteria.

The *Lancet*, September 29, 1883, says:

The question whether the same germs under different conditions give rise to various diseases has been raised, but not settled. Dr. Carpenter, at the meeting of the British Association, treated the subject from a point of view of natural history. He referred to the facility which the lower forms of life possess of adapting themselves to changed conditions of existence. He believes that the same germs may, under altered circumstances, produce various diseases, and these opinions he supported by various arguments. The decrease of the virulence of the small-pox which ravaged Europe in the fifteenth century, he attributed to the cultivation of the mildest cases which occurred. A severe attack of any particular disease may so affect the system that a disease arises which cannot be recognized as related to that from which it proceeded. Under favorable conditions an ordinary intermittent fever may develop into a virulent form, which is highly contagious. There is, in his opinion, very strong ground for the belief that even the innocent hay bacillus may undergo such an alteration in its type as to become the germ of severe disease.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—"Woman as a Physician," is the title of an introductory lecture delivered before the class of the Woman's Medical College of Baltimore by Eugene F. Cordell, M. D., which we receive as a reprint from the *Maryland Medical Journal*, October 6, 1883. It is an excellent historical resumé of the position of woman in the profession of medicine.

—We have received a circular letter addressed to the legislators, reputable physicians, and other enlightened citizens of Louisiana, in behalf of State medicine. It is a reprint from the Proceedings of the fifth annual session of the Louisiana State Medical Society.

—An exceedingly valuable book to all physicians is entitled "Medical Education and the Regulation of the Practice of Medicine in the

United States and Canada." It is issued by the Illinois State Board of Health, and contains concise and reliable information concerning the various medical schools of this country and Canada.

—As reprints from the *New Orleans Medical and Surgical Journal*, May, June and July, 1883, we have received the following papers, read before the last meeting of the Louisiana State Medical Society: "Some Debatable Points in Small-pox and Vaccination. 1. Origin of Small-pox. 2. Comparative Merits of Bovine and Humanized Vaccine Virus. 3. Compulsory Vaccination," by S. S. Herrick, M. D., Secretary Board of Health, State of Louisiana. "Laceration of the Cervix Uteri, Its Causes, Pathology, Diagnosis, and Treatment," by D. M. Clay, M. D., of Shreveport, La. "Address of the President," A. A. Lyon, M. D. Oration of Rev. W. T. Dickinson Dalzell, and "Surgical Treatment of Wounds," by R. H. Day, M. D., of Baton Rouge.

—Among the several interesting papers in the Seventh Annual Report of the State Board of Health of Wisconsin, we have read with particular pleasure and satisfaction the one entitled, "Hints concerning Infantile Hygiene and Dietetics," by Dr. Knut Hoegh, of La Crosse. The volume contains a deal of interesting reading, all of which is exhaustively indexed.

—"Copp's U. S. Salary List and Civil Service Rules." Our many readers will welcome the solid information contained in the 160 pages of this recently-issued book. It is prepared by Henry N. Copp, a lawyer of Washington, D. C. All the Government salaries are given, from President Arthur's \$50,000 to postmasters with \$500, officials of the Treasury, Interior, War, and Navy Departments, Custom Houses, Post-offices, and fully 20,000 federal offices arranged by States and Territories. Specimen examination questions for admittance to the Civil Service throughout the country are added. The price of the book is only 35 cents.

—Of late years the profession has begun to more clearly realize that proper training can do much to elevate the mental condition of feeble-minded children. Hence the pamphlet by Dr. Chas. H. Stanley on "The Classification, Training, and Education of the Feeble-minded, Imbecile, and Idiotic," should find many appreciative readers. It comes to us as a reprint from the *Virginia Medical Journal*. It will give many valuable suggestions to physicians located away from the large cities where institutions for such children exist.

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INTESTINAL OBSTRUCTION.

The innate disposition of human beings to argue, the almost invincible desire of men to differ from one another, was never more clearly demonstrated than in the discussion of the important question of "Intestinal Obstruction" at the recent meeting of the British Medical Association.

From the *Brit. Med. Jour.*, October 6, 1883, we note that the discussion was opened by Mr. Rush-ton Parker, the essence of whose address was that in all cases of intestinal obstruction, unless we are absolutely sure of the cause of the obstruction, we should avoid all active treatment, and content ourselves with merely watching the case carefully and noting any symptoms that may aid us to an accurate diagnosis, when our line of treatment becomes plain.

The constitutional symptoms of intestinal obstruction are practically identical, no matter what the cause may be, and until some special sign calls our attention to the particular cause, Mr. Parker's expectant plan of treatment is clearly the rational one.

Suppose we have obstruction from invagination, or intussusception; we know that nature cures this condition by a process of gangrene of the incarcerated gut and union of the upper and lower segments of the unimplicated intestine; suppose now, before this union has become firm, or while the process of eating through of the invaginated gut is going on, we administer purgatives or enemas to remove the obstruction—will we not almost necessarily produce perforation, extravasation, and death? Hence Mr. Parker's wise injunction: *when in doubt, use opium enough to control the pain, stimulants enough to keep up the strength, and avoid solid food*; if invagination be the trouble, this treatment will put the bowel in "splints," until nature restores the continuity of the canal; if it be not so, then no harm results from our treatment.

But on the other hand, if we can clearly make out the cause of obstruction, without excessive and likely-to-be-injurious manipulation, and if it calls for surgical interference, as in strangulated hernia, adhesive bands binding down the gut,

carcinoma or some other tumor pressing on the bowel, Mr. Parker advises operation.

Several of the distinguished gentlemen present, catching only Mr. Parker's first part, or expectant plan of treatment, and either wilfully not hearing his wise regulations concerning the indications for operative interference, or actuated by a desire to hear themselves talk, roughly handled Mr. Parker.

They assumed that he advised the "let-alone" treatment in all cases, and they censured him severely for it, indicating that operation was imperatively demanded in certain instances, and citing cases to sustain what they claimed, all of which Mr. Parker had already said.

His views were probably a little more conversative than those held by some of his critics, for Mr. Lawson Tait held that it was wholly unnecessary and dangerous to wait for an accurate diagnosis, and he advocated early opening of the abdomen in the middle line, with the formation of an artificial anus in the first piece of distended intestine which presented.

With all respect for this distinguished opinion, we must think that the error of such precipitancy is evident; for should the obstruction prove a naturally curable one, as in many cases it would, we have not only subjected our patient to a dangerous operation, but we have afflicted him with a disgusting and inconvenient deformity. Again, by such a procedure, we are just as likely to open the gut *below* as *above* the obstruction, and in such an event we are truly "out of the frying-pan into the fire."

It may be much more brilliant surgery, but it seems more in accord with the dictates of common sense and prudence to postpone surgical interference, either until our diagnosis is sure, or until nature has demonstrated that, unaided, she is incapable of correcting the trouble.

Billroth has set the example of bold and almost reckless surgery; and in these days of competition and overcrowding, he has plenty of disciples, anxious to gain notoriety by similar boldness; but the teachings of our really great masters, of

nature and of experience, clearly indicate that the resort to the knife should be truly a "*dernier resort*," and that it is always best to give nature a fair show.

It is easy enough to *cut*, but it is sometimes extremely difficult to *heal*, and it behooves us to think twice before we cut once.

There are certain clearly-defined cases of diseased condition, where the knife is the only corrective, and "intestinal obstruction" is not one of them. We will better fulfil our noble mission, if we patiently watch and wait, until nature tells us in unmistakable terms that her opponent is too powerful for her great energies, and indicates clearly that she requires the assistance of the surgeon's knife, which, we cheerfully admit, in certain cases, such as tumors, constricting bands, and the like, she does.

AN ELEMENT OF SUCCESS IN PRACTICE.

As is well known, some men of but medium professional acquirements meet with remarkable success in practice, while others, admittedly their peers, go through life struggling, with but a very small and insignificant patronage.

Some few years ago a man of unusual talents and acquirements, who was cheerfully recognized by the profession as one of its leading minds, but whose practice amounted to next to nothing, met on the street one of his old classmates, who enjoyed a very lucrative practice, drove a very fine equipage, and was generally regarded as an unusually successful physician, though his professional brethren knew very well that his spare time was not devoted to study, and that his professional acquirements were not of the most substantial or profound order.

The following colloquy ensued:

"See here—: we were students together; you didn't work as hard as I did; how is it that you have such a large practice, while I can't get any patients at all?"

The significant reply was: "Go to a barber's and have your hair cut; go home and take a bath, and put on some clean clothes; keep your shoes

polished and your face and hands clean; tone down your manners and drive a stylish horse and carriage, and you will get practice."

Here was the *polished* man and the "rough diamond;" the one made the money, while the other commanded the greatest respect and admiration from those whose opinion was worth having.

This anecdote illustrates the true position of physicians towards success. Though it is a pity that it should be so, nevertheless it is a fact beyond the possibility of denial, that he who possesses the greatest policy, he who can the best *advertise* himself, and not he who is the most competent, is the one who enjoys the largest measure of success.

Shut our eyes to it as we may, yet in our innermost selves we must admit that in medicine, as in any business, he who advertises the *most* and the *best* is the one who succeeds the best.

To a certain extent this is all as it should be. It is eminently proper and commendable for a physician to keep himself clean, and by this and other devices to make himself agreeable to his patients; it would be censurable for him to do otherwise; and so long as he does not detract from his brethren and does not in any way endeavor to represent himself as that which he is not, it is right and proper.

But we desire to call attention in an especial manner to a point that will have much to do in securing clients for those who properly practice it.

The mind of the latter part of the nineteenth century is an exceedingly inquiring function, and it is anxious to know the why and wherefore of everything.

Simple statements of so and so will not satisfy, and when a man or woman visits a doctor's office, they want to go away with a clear idea of what is the matter with them, and what you propose to do to remedy it.

If you do not satisfy this inquisitiveness, they will go to some one who will, and you will lose your patient. The man who can most clearly impart this information, is the man who has in him a great element of success.

We cannot better illustrate this idea than by quoting from the address of Dr. T. Clifford Allbutt, delivered at the opening of the Leeds School of Medicine, and published in full in the *British Medical Journal*, October 6, 1883. He says:

"A shake of the head and a dark allusion to the liver will not now satisfy an intelligent patient, nor ought it to do so. Fact and due season must guide our language; yet people nowadays 'want to know, you know,' and they are right. Such persons, wholly free from morbid curiosity, feel nevertheless that they ought to carry away with them a definite notion of their ailment—where it is, and how you will try to avert it. If you have no story for them, some one else has; and you must be brave enough to point out, if necessary, where your knowledge ends. Avoid infallibility. As some hot-tempered person cries, 'If you know nothing, why the deuce can't you say it?' There is no better test of a man's knowledge than his neat delineation of the shore-line of his ignorance. As a rule, a patient calls on you for information as well as skill; and while you are incapable of brutal frankness, your sympathy will be wise enough to teach you to give your opinions candidly and clearly."

A NEW SOURCE OF DANGER.

The *Lancet* recently warned its readers of the danger of infection from books, that they might be the medium of conveying the germs of infectious disease from one locality to another. and very sensibly warned us that before receiving books from doubtful sources, they should be carefully and thoroughly disinfected.

Notwithstanding the fact that the *New York Medical Record* rather ridiculed this idea, no less an authority than the *British Medical Journal* has seen fit to add its influence to the warning, and we cannot see why they are not correct; for if it is possible for clothing from a diseased locality to carry the disease, we cannot comprehend why books that have been in the sick-room, or have been handled by the sick person, may not prove equally potent.

And now comes a fresh source of danger, for the

British Medical Journal, October 6, 1883, tells us that Dr. Grassi is said to have made an important, and by no means pleasant, discovery, in regard to flies. It was always recognized that these insects might carry the germs of infection on their wings or feet, but it was not known that they are capable of taking in at the mouth such objects as the ova of various worms, and of discharging them again unchanged in their feces. This point has now been established, and several striking experiments illustrate it. Dr. Grassi exposed in his laboratory a plate containing a great number of the eggs of a human parasite, the *tricocephalus dispar*. Some sheets of white paper were placed in the kitchen, which stands about ten metres from the laboratory. After some hours, the usual little spots produced by the feces of flies were found on the paper. These spots, when examined by the microscope, were found to contain some of the eggs of the *tricocephalus*. Some of the flies themselves were then caught, and their intestines presented large numbers of the ova. Similar experiments with the ova of the *oxyuris vermicularis* and of the *tania solium* afforded corresponding results. Shortly after the flies had some mouldy cream, the *oidium lactis* was found in their feces. Dr. Grassi mentions an innocuous and yet conclusive experiment that every one can try. Sprinkle a little lycopodium on sweetened water, and afterwards examine the feces and the intestines of the flies; numerous spores will be found. As flies are by no means particular in choosing either a place to feed or a place to defecate, often selecting meat or food for the purpose, a somewhat alarming vision of possible consequences is raised. Dr. Grassi invites the attention of naturalists to the subject; and hopes that some effectual means of destroying flies may be discovered.

INSIDIOUS SYPHILIS.

Still again do we have to report cases that illustrate how insidious may be the transmission of syphilitic poison from one person to another, and to urge upon physicians to be always on the lookout for this hydra-headed monster.

A large ulcer on the cutaneous surface of the

upper eyelid, that would not heal under ordinary treatment, bothered Dr. T. S. Meighan (*Glasgow Medical Journal*, September, 1883). Subsequently, constitutional syphilis became manifest, and the young man, though denying illicit intercourse, remembered that he had kept company with two lads who had venereal disease, and may have had communicated to him some of the matter from their sores, as he had something to do with their dressings.

In the other case, a young man received a "black eye;" a girl who was with him pricked the swelling on the eyelid, and sucked it to draw out the blood; by this means a good deal of blood was taken away. In a few days after the wound began to swell, and he felt it painful, and it soon developed into a small ulcer, which gradually increased in size; the swelling and hardness also became more marked. He has never had any venereal disease, but learned since that the girl had been suffering from a skin eruption on her body, and her mouth was also affected, and thinks that he was affected through her.

We may or may not believe these two stories, but whether we do or not, there is no question but that syphilis can be so communicated; and it will aid us very much in our therapeutic results, if we bear the fact in mind and allow it to influence our treatment in appropriate cases.

NOTES AND COMMENTS.

Forty Cases of Incision of the Chest for Empyema.

Dr. J. E. Eddison presented a tabulated report of these cases to the Section of Medicine at the last meeting of the British Medical Association (*Brit. Med. Jour.*, September 29, 1883), which he concludes as follows:

Children and young people do much better than adults. The duration of a case before operation has, on the whole, an unfavorable effect in proportion to its length. A very large amount of pus has a distinctly bad effect. Anæsthetics, ether at any rate, may be safely given, provided the breathing and circulation are fairly good at the time. The particular point at which the chest is incised has not much importance. The contents should be allowed to escape slowly—the larger

the quantity, the more slowly should they be removed. The maintenance of free drainage is of the very highest importance; any accumulation of pus, owing to obstruction of the drainage-tube, or to any other cause, being followed by an increase of temperature, and delay in the progress of the case. The use of antiseptics is worth the extra trouble; and, although cases may do admirably in which no antiseptics are used, yet, on the whole, patients do better and seem more comfortable when they are used, both for operations and dressings. Simple cases of empyema—in which the lungs are themselves sound, and in which the other organs of the body are fairly healthy—are almost sure to do well; but it is not possible in any case to estimate its probable duration with any exactness. Cases in which fluid has re-accumulated repeatedly, after having been drawn off, and especially when such fluid contains blood-cells, do badly as a rule, though not always; in such cases, it may be suspected that the lung itself is diseased, and probably tuberculous. No matter what complication is present, or what the probability of an ultimately unsatisfactory ending of the case may be, it is the duty of the attendant to incise the chest, even if only for the sake of temporary relief from pain and distress.

Nephrectomy for Cystic Tumor of a Floating Kidney.

Dr. William Walter reports a case in the *Brit. Med. Jour.*, September 29, 1883. The patient was a woman aged forty-two years. Some years since, when carrying two heavy pails of water, she felt something "give way" in the abdomen, and a tumor appeared below her ribs. This gradually and slowly increased in size, until about five weeks before the operation, when it rapidly augmented, lost its renal shape, became spherical, and a slight sense of fluctuation was detected. Vomiting and rapid emaciation ensued. Fearing it might prove to be cancer of the omentum, an exploratory incision was made in the linea alba. Upon enlarging the incision, the tumor appeared as a cyst attached to the lower and anterior portion of the kidney. This was punctured, and ten ounces of fluid drawn off. Carbolized silk ligatures were placed around the ureter, renal artery, and vein, which structures being divided with scissors, the kidney was removed. A sponge being applied to the parts was scarcely tinged with blood, and the edges of the wound were then brought together with five wire and two superficial silk sutures. The wound was then dressed with thymol gauze and cotton-wool pads, which were kept *in situ*

with strips of plaster and a many-tailed bandage. Notwithstanding febrile complications, the woman made a good recovery.

On a Pupil Phenomenon Observed in Certain Pathological Conditions of Infancy.

The *Edinburgh Med. Jour.*, July, 1883, says that J. Parrot (*Revue de Médecine*, October, 1882), has noticed that in several children affected with acute diseases of the brain or its membranes, while they were in a comatose condition, if he pinched the skin of the epigastrium sharply, the pupil suddenly and decidedly widened, sometimes to a size thrice that of what it originally stood at, and he argues that while the general sensibility is lost, the sensibility of the skin may remain. He explains the phenomena on the supposition that it is reflex through anæmia, in consequence of the skin irritation, resembling the mydriasis resulting from a deep inspiration. The cases he relates are as follows:—6 of tubercular meningitis (3 with, 3 without, *post mortem* demonstration), 4 of hemorrhage into the pia mater (2 with P.M.'s), 3 of hydrocephalus, and 2 in which no cerebral lesions were found. He relates seven cases of various diseases other than of the brain, where, during the state of insensibility preceding death, he was unable to elicit the phenomena. The writer gives the following conclusion: "A child, with or without convulsions, which is in a state of coma, and whose pupils do not react on sharply pinching the epigastrium, is neither affected with tubercular meningitis nor with hemorrhage into the pia mater. It is in an advanced state of asphyxia, and its death is imminent."

Laparotomy in the New-born.

From the *London Med. Record*, June 15, 1883, we note the following:

At a meeting of the Imperial and Royal Medical Society in Vienna (*Wiener Med. Blätter*, March 22), Dr. Felsenreich showed a child, two weeks old, on whom he had performed a radical operation for the cure of umbilical hernia. The birth had been easy and natural, and the child itself was strong and healthy, with no other malformation. A tumor of the size of a lemon was situated in the abdominal wall, the umbilical cord being attached to its summit. The separation between the recti muscles was eight centimètres long and four centimètres broad, and contained intestines and the margin of the liver. Twelve hours after birth, the operation was made in the usual way, the hernial sac being attached to the edge of the skin-wound, which was closed by twelve

silk sutures, and dressed with iodoform. The operation was completed in twenty minutes, without much sign of pain on the part of the child, which took the breast immediately afterwards, and had a normal stool on the second day. The progress of the case was very satisfactory throughout, although the healing of the skin was somewhat slow.

Iodoform Intoxication.

We have been hearing a good deal of late about poisoning from the absorption of iodoform applied locally, and there already exists sufficient evidence to make us careful in its use. Mr. P. J. Hayes reports a case in the *Dublin Jour. Med. Sci.*, August, 1883, and makes some remarks on the subject. In the mild cases there is anorexia, headache, loss of memory; moroseness or even delirium; pulse accelerated and temperature elevated. In grave cases, hallucinations or furious delirium, urine scanty, temperature perhaps 104°, and in fatal cases, death in a state of coma. He concludes by saying:

"I think few surgeons will be found to oppose the recommendations of Martin and Veliaminoff, that iodoform should, in all cases where its use is indicated, be applied in small quantity; that especial caution should attend its use when much adipose tissue is exposed, and when the wound is extensive; that its employment is more or less contra-indicated by advanced age, tendency to fatty degenerations, diseased conditions of heart or lungs, and when there exists a susceptible condition of the nerve centres."

"Dysidrosis" or "Cheiro-pompholyx."

Before the Academy of Medicine in Ireland (*Lancet*, August 18, 1883) Mr. Corley read a paper on the disease to which Tilbury Fox applied the name "dysidrosis," and which Mr. Jonathan Hutchinson termed "cheiro-pompholyx." He detailed the history of two cases, both following injury of the median nerve, and in one of which, after the eruption had disappeared from the hand of the injured side, a similar eruption broke out on the other hand. This, he considered, indicated that the irritation produced in the member first affected was propagated to the spinal cord, and produced there a nervous disturbance which passed across and down the nerves of the opposite limb. From the consideration of these cases, as well as those detailed by Hutchinson and Fox, Mr. Corley was of opinion that the disease was genuine herpes zoster of the hand, due to either centric nervous disturbance or irritation of nerve-

trunks; and he therefore rejected the name and pathology suggested by Tilbury Fox.

Lateral Closure of Vein Wounds.

Dr. Lewis S. Pilcher discusses this question in the *Annals of Anatomy and Surgery* for August, 1883, and formulates the following principles:

In every case of incomplete wound of a vein, attempt should be made to secure its lateral closure, and the preservation of its functional integrity, provided an unirritating ligature of suture material can be obtained, and the wound can afterwards be kept from septic infection.

In cases of incomplete wound of a trunk vein at the root of an extremity, the lateral closure of the wound should be attempted, even though an ordinary thread be necessarily used, and perfect antiseptic cares be impracticable.

In cases of incomplete wound of an internal jugular vein, when ordinary thread must be used for its treatment, and perfect antiseptic cares are impracticable, the vein should be ligatured in its circumference above and below the wound, and the division of the vessel made complete.

Electricity in Dermatology.

Dr. W. A. Hardaway contributes an article on this subject to the *St. Louis Courier of Medicine*, June, 1883, which concludes as follows:

"I will close by enumerating a few of the diseases of the skin in which electrolysis may be confidently employed, viz: pigmented naevi, small fibromata, miliary nodules of lupus, sebaceous cysts, xanthoma (Fox), warts, cutaneous horns, and some stages of epithelioma. From certain observations that I have made in regard to the action of this means in hypertrophied scar tissue, I am inclined to look upon it favorably in keloid.

"In short, it may be confidently stated that whenever it is necessary to use a destructive agent on the skin—one that is readily managed, that causes no hemorrhage, and leaves few scars—there is none better or more efficient than electrolysis."

A Successful Gastrostomy.

As an offset to our editorial on "Intestinal Obstruction" (see this issue, p. 494), in which we deprecated the use of the knife, we have now to report a case in which its use is to be strongly advocated. From the *Brit. Med. Jour.*, September 22, 1883, we learn that Mr. Fagan in August last performed gastrostomy for malignant stricture of the œsophagus. Of course, the patient experienced great relief, and up to date of report was

doing well. In these cases, if not immediately fatal, more or less relief *must* follow the operation; and as it cannot be procured in any other way, as nature is powerless to battle with her enemy, a resort to the knife is not only justifiable in suitable cases, but absolutely imperative.

Vlemineckx's Solution in Acne Rosacea.

In the *Med. News*, July 7, 1883, Dr. H. W. Stelwagon says:

The solution is made by adding one part of lime and two parts of sublimed sulphur, or flowers of sulphur, to twenty parts of water. This is boiled down to about twelve parts, cooled, and then filtered. The result is a dark, orange-yellow colored liquid, with a strong odor of sulphuretted hydrogen. This is to be diluted as circumstances require.

Hot-water applications at bed-time, press out as many comedones as possible, and then apply for several minutes a lotion made up of one part of the solution to five of water, gradually increasing the strength.

Important Diagnostic Points of Popliteal Aneurism.

In a lecture on this subject, Dr. John Ashhurst (*Med. News*, July 14, 1883,) thus sums them up:

1. Expansive pulsation.
2. Stoppage of the pulsation and lessened tenderness of the sac by compression of the artery above the tumor.
3. The suddenness with which the pulsation returns when the pressure is relieved.
4. The thrill.
5. The bruit.
6. The diminution of pulsation below the tumor.
7. The increase of pulsation on flexing the limb.

An Instructive Case of Gastric Cancer.

The case reported to the Baltimore Medical Association by Dr. F. W. Pearson (*Maryland Medical Journal*, October 20, 1883), is instructive because of the difficulty attending the diagnosis, owing to the form of the cancer. The patient was unable to swallow; that is to say, everything ingested was immediately regurgitated. There was no evidence of cancer. The œsophageal catheter could be readily passed, but as its introduction caused alarming prostration, rectal alimentation was resorted to. The diagnosis was left in doubt. The autopsy revealed a cancer of the cardiac orifice, with a peculiar valvular arrangement of the

new growth, which admitted of its being thrust aside by the catheter, but not by the food bolus, acted on by the enfeebled muscles of the œsophagus.

The Morbid Anatomy of Diabetes Mellitus.

As showing how little light has been shed upon this important question, we note that in the *Dublin Jour Med. Sci.*, August, 1883, Dr. Windle thus concludes an elaborate thirteen-page article, replete with tables:

"At present the position seems to be nearly this—either diabetes is a distinct disease, or it is not. In the former case we can scarcely believe that it has not some definite lesion, which up to the present has certainly not been discovered. If the latter hypothesis be true, we must learn to look upon it in the same light as jaundice, as a symptom which may be due to various causes and lesions."

The Common Diseases of Children.

Dr. R. L. Moore read a paper on this subject before the last meeting of the American Medical Association (*Ass. Jour.*, October 6, 1883), which concludes as follows:

One of the watchwords in treating children is "elimination." Don't look up the secretions. Give Nature, that grand old mother, a chance. Very rarely should opium, or any of its preparations or derivatives, be used in the treatment of children. He who abides the nearest to this rule will always have the best success in treating them. Look after them closely. Stand by the small and frequently-repeated doses of tasteless medicines. Never forget that a sick child is always dangerously sick.

Report of a Case of Abscess of the Left Iliac Fossa.

Previous to the publication by Grisolle, in 1839, of his monograph on "*Les tumeurs phlegmonueuses des fosses iliaques*," the various inflammations liable to give rise to collections of pus in the pelvis were much confounded. In the October, 1883, number of *The American Journal of the Medical Sciences*, Dr. Louis W. Atlee, of Philadelphia, reports a case which shows throughout its whole course the distinguishing and characteristic features of a phlegmon of the iliac fossa, together with some very rarely observed consequences. In some remarks appended to the case, Dr. Atlee fully and clearly defines the diagnostic points between phlegmons of the iliac fossa and other inflammatory affections in that region.

Recurrent Hip Disease.

In the *Medical News*, October 20, 1883, Dr. H. R. Wharton reports a case of coxalgia, in which as a result of constitutional treatment, all active disease of the joint ceased. Deformity existing, subcutaneous osteotomy was resorted to; result, a comparatively straight and useful limb. While playing one day, the child fell on the diseased hip. An abscess formed, which was opened, and from this time the patient went rapidly down to a fatal termination. The autopsy revealed firm union at the seat of the osteotomy, while the head of the femur was found dislocated upon the dorsum ilii, and carious at points. The acetabulum was entirely denuded of cartilage, was carious, and communicated with the cavity of the pelvis.

Inflammation of the Middle Ear.

Though it is a self-evident fact, yet it is well to remind our readers that, as Dr. H. N. Spencer says in the *St. Louis Courier of Medicine*, October, 1883, those ulcerations of the middle ear which do not heal on account of some constitutional disease require, of course, that this interference be dealt with. The importance of constitutional treatment should not be overlooked in other forms of suppurative inflammation of the ear, but here it takes a more important and governing place, without which all local treatment will prove utterly inefficacious. The topical treatment will differ in no respect from that which would obtain under other undisturbed conditions.

Good Advice Concerning Laceration of the Cervix Uteri.

Apropos of hemorrhage as a result of laceration, Dr. William T. Lusk, in the *N. Y. Med. Jour.*, October 20, 1883, says:

"It is always a good plan, therefore, at the time of laceration, to take a pair of vulsella forceps, and, as an assistant presses down the fundus of the uterus through the abdominal walls, you can draw the cervix down, and then with a needle and thread sew up the wound, as the tissue is now patulous and easy to work upon. In this way you can check the hemorrhage, and a suture makes the best hæmostatic we have."

Calculus and Other Affections of the Pancreatic Ducts.

Dr. George Woodruff Johnston, of Washington, D. C., in an elaborate paper in the October, 1883, number of *The American Journal of Medical Sciences*, presents the most complete clinical study of this subject in our literature. Altogether he has

been able to collect only thirty-five cases in which, upon post mortem examinations, stony concretions were found in the pancreas. He cannot but believe that calculi are present in the pancreas far oftener than is supposed, and he can only attribute the paucity of medical literature upon the subject to the inexperience or carelessness of observers.

The Count De Chambord.

The post mortem of the Count de Chambord is a painful reminder of the narrow limits of our science. The professional leaders of the world thought he had cancer, and the autopsy says he had not; simply ulceration, non-malignant, of the lower part of the œsophagus and stomach. Still it is some consolation to know, that simple ulcer, especially in a man somewhat advanced in years, and more or less worn out by a life of care and worry, would be expected to present many of the symptoms of malignant ulcer.

Galvano-Puncture for the Cure of Aneurisms.

This operation deserves more recognition than it has obtained. Hence a case of subclavian aneurism so treated and reported by Dr. T. R. Chambers, of East Orange, N. J., in the October, 1883, number of the *American Journal of the Medical Sciences*, will be read with interest. The case lived four months and a half after the operation, and during three months of this time was in comparative comfort, many of the distressing symptoms disappearing.

Beri-beri.

Dr. F. H. Enders writes to the *Louisville Medical News*, October 13, 1883, from the Sandwich Islands that he has had the opportunity of seeing several cases of this disease. The symptoms are, pain, resembling cramp, in the posterior tibial muscles, œdema of extremities, great dyspœnea, quick and rapid pulse, high-colored and scanty urine, bowels constipated. The successful treatment consisted in the use of squills and digitalis, with tonics and a diet of potatoes, fresh meat, lard and fruit.

An Unsuccessful Nephrectomy.

Candor under adversity, which truly is even more rare than Christian charity, has induced Dr. Kidd to report in the *Med. Times and Gaz.*, September 8, 1883, an unsuccessful case. The diagnosis was made of a right kidney enlarged by abscesses. Nephrectomy was performed, and while at first the patient seemed to rally well from the operation, she died twenty-four hours afterwards

from collapse, without any hemorrhage having taken place.

Suppression of Urine in a Child.

In the *Lancet*, September 29, 1883, Mr. Herbert E. Paxon reports the case of a child aged six years, in which there was absolute suppression of urine for five days. No cause could be discovered; uræmic symptoms were slight. Diuretic mixtures were given, and hypodermic injections of pilocarpine produced no apparent effect, not even diaphoresis. Finally the normal urinary secretion was re-established by the passage of about a pint of dark-colored urine.

The Treatment of Puerperal Convulsions.

A correspondent writes to the *Lancet*, September 29, 1883, that he has recently treated two cases as follows:

About twelve ounces of blood were taken from the arm, and a hypodermic injection of one-third of a grain of morphia administered. The seizures stopped immediately, and sleep was procured. A little chloral and bromide of potassium were given for a day or two subsequently.

Percussion of the Skull as a Means of Diagnosis in Epilepsy.

In the course of an article in the *Lancet*, September 22, 1883, Dr. A. Robertson tells us that in a case under his care, percussion of the skull revealed a painful area over the motor region of one side of the brain. The patient had long been subject to convulsive seizures, mainly unilateral, and has greatly improved since the application of a series of blisters over this region.

Fracture of the Olecranon.

In the *Medical Press*, October 3, 1883, Mr. W. Macnight Wilson reports a case in which the fragments were sutured with silver wire, and a perfect recovery ensued. It is best to remove the wire when union has taken place; but cases are on record where the wire has become imbedded, but in all of them it has ultimately made its way out.

Vaginitis in Old Women.

Of practical value is Dr. Deprès' note in the *Gaz. des Hopit.*, concerning cases of vaginitis in old women, which he finds due to the urine, highly charged with urates, obtaining access to the vagina, owing to incontinence from partial paralysis of the neck of the bladder.

Mushroom Poisoning.

Julius A. Palmer contributes an article on this

subject to the *Boston M. and S. Jour.*, September 20, 1883. So far as known, the amanita is the only mushroom that has proved fatal to human life. The treatment consists in the hypodermic injection of atropine.

The Immediate Suture of Divided Nerves.

In the *Glasgow Med. Jour.*, October, 1883, Mr. Clark discusses this subject, and concludes that it is eminently proper to at once suture divided nerves. It should be as much a rule of practice to bring together the cut ends of a divided nerve as to stitch the wound in the muscles or skin.

Tetanus Neonatorum Successfully Treated with Bromide of Potassium.

Dr. L. Emmett Holt reports a case in the *Boston M. and S. Jour.*, October 18, 1883, with the hope that others may be led to test the drug in future cases, to see whether after all we have not in the bromide of potassium a remedy fully as efficient as chloral, and much safer.

CORRESPONDENCE.

Pleurisy with Effusion with Unusual Complications.

EDS. MED. AND SURG. REPORTER:—

Mrs. C. T., 26 years of age, very small in stature, of spare build, delicate constitution, had been in very poor health for nearly a year in consequence of overwork and confinement in nursing a sister through a long illness, but had regained about her usual health and strength.

Early in March, 1883, she began to be troubled with pain in the right hypochondriac and lumbar regions, but kept around until the 22d, when I was called to see her. The pain was now severe all over the right side, from the supra-clavicular fossa downward, aggravated by any motion and by cough or talking. Pulse, 132; respiration, 32; temperature, 102.8°. Dullness on percussion over right lung as high as second rib anteriorly and spine of scapula posteriorly. Diminished respiratory murmur over the same extent, with complete absence in inferior portion. Exaggerated respiratory murmur over left lung.

On the following day the urgency of the symptoms was much abated, and continued to improve until the 30th, when, after sitting up in bed, she had a slight chill, faintness, and pain in the abdomen, which was followed by menstruation, which proceeded normally.

On April 7, there was pain in the left mammary region, accelerated pulse, and slight rise in temperature, but no friction sound could be found; but on the 8th the distress of breathing was increased, and pleural friction very well pronounced. On the 10th, Dr. B. saw her in consultation with me, by which time the friction sound was gone as well as the pain, and with no evidence of effusion in that

side, while the line of dullness on right side was now about on a level with the nipple. On this day she complained of aching pain in the back and lower extremities, which by the following day had become constant, and so severe as to be the prominent symptom. There was no perceptible swelling, but tenderness on pressure, especially about the left ankle-joint, and in the left inguinal region. On the 12th there was slight swelling about the internal malleolus of the left ankle, and there seemed to be a little fullness of the whole leg, and a tenderness especially marked in the line of the larger lymphatic vessels, but not the least redness of the surface. In the following days the inflammation ascended the thigh, and on the 23d was centred in the pelvis, while the leg and thigh were much better. The pain and tenderness in the pelvis was great, and the neck of the uterus was found to be very tender and engorged, as was also the vagina and surrounding tissues. (At this date it is noted that the chest is normally resonant, and the respiratory murmur distinct over the whole of the right side, except at the extreme base.) This condition of the pelvis gradually improved, while simultaneously pain and tenderness appeared over nearly every portion of the abdomen, but all finally disappearing, and convalescence proceeded without special interest. On May 25 she menstruated, having missed the April flow.

The treatment of the pleural effusion was by the common method of diaphoretics and diuretics, with alteratives (pil. hydrg. gr. j-jj. ter die), with counter-irritation by tr. iod., and tonics and opiates as required. During the acute inflammation, acetate in small and frequent doses, and quinine in two-grain doses every two hours, with fomentations to the limb and abdomen. During the whole illness I had continually to *insist* on the taking of nourishment, though the patient would insist that she was taking enough, while the strength was so reduced that she could not turn in bed, or hardly draw up an extended limb. When she had been sitting up for two weeks she weighed 82 pounds.

The peculiarities of the case were the supervention of acute pleurisy on the opposite side of the chest, with no appreciable aggravation of the previous trouble; and the inflammation of the lymphatics of the extremities, and the abdomen—a complication which I do not remember of ever having heard or known—these seeming to be simultaneous with the absorption of the effusion in the chest.

Did they sustain the relation of cause and effect?

O. A. DEAN, M. D.

Stoughton, Wis.

Idiosyncrasies.

EDS. MED. AND SURG. REPORTER:—

The tomato having been accused in some late numbers of the REPORTER of affecting the urinary organs, allow me to add that it may affect the intestinal tract in a manner very similar to the effect of oxalic acid, only it is milder. Until 1871 I had been in the habit of using tomatoes quite freely each season. That year I had to use them quite moderately, and the discomfort increased year by year, till in 1874 they were entirely discarded.

Several times during the past five years I have experimented by eating a slice of tomato, and have invariably suffered from two to six days after each trial. The same idiosyncrasy has developed in a robust, hard-working farmer, originally from the north of Ireland. In his case also, it increased from year to year, till in about four years he discarded them entirely.

But an idiosyncrasy may be developed suddenly. In the winter of 1853, I was attacked with pneumonia, and, according to the feeding and stimulating theory of treatment, ought to have died; for I took neither food nor medicine, till the fever was entirely gone. I then drank a glass of milk, took a long sleep, and awoke uncontrollably hungry, and no one about but a strapping Hoosier girl. Persistent inquiry of Betty brought out several interesting facts. There was nothing eatable in the house but tainted bacon and cold boiled parsnips. Pap had gone to Evansville for cornmeal; Mam had gone to Bucks skin for turnips; and Crit had gone to Big Creek to try and shoot a duck for supper. (Some of my Hoosier brethren can locate me.) I proposed to Betty to go to some neighbor and borrow a bit of meal for gruel. But Mam had taken her shoes, and her feet could neither be coaxed nor crowded into my boots; and I could not ask her to go a mile and a half barefoot in February for the chance of getting a spoonful of meal, when Pap was *sure* to be home to-morrow, and Crit *might* get a duck or a rabbit to-night. I told Betty I would wait till some of them came home. But I had miscalculated my endurance, and towards night told her to warm up a little of the cooked parsnip. I ate, and oh! how I suffered! I have taken tartar emetic and croton-oil, but neither singly nor combined have they even approached that dish of parsnips in activity. And ever since, though the taste is pleasant, they act as an irritant poison.

F. R. MILLARD, M. D.

San Diego, Cal., October 9, 1883.

NEWS AND MISCELLANY.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, July 1, 1883, to September 30, 1883.

Bailhache, P. H., surgeon. Detailed as member of Board to examine candidates for promotion, August 23, 1883. Detailed as Surgeon-in-charge, Cape Charles Quarantine Station, September 5, 1883.

Miller, T. W., surgeon. Granted leave of absence for twenty-five days, August 31, 1883.

Wyman, Walter, surgeon. Detailed as member of Board to examine candidates for promotion, August 23, 1883.

Long, W. H., surgeon. Granted leave of absence for twenty days, September 25, 1883.

Smith, Henry, surgeon. Directed to take charge of quarantine service at the Capes, July 29, 1883.

Stoner, G. W., passed assistant surgeon. Granted leave of absence for thirty days, August 24, 1883. To inspect the relief stations along the coast of Maine, September 29, 1883.

Goldsborough, C. B., passed assistant surgeon. Granted leave of absence for thirty days, August 29, 1883.

Banks, C. E., assistant surgeon. Relieved from duty at Portland, Oregon, and to report to the Surgeon-General at Washington, July 10, 1883.

Carmichael, D. A., assistant surgeon. Granted leave of absence for ten days, August 31, 1883.

Peckham, C. T., assistant surgeon. To proceed to Portland, Maine, for temporary duty, August 25, 1883.

Devan, S. C., assistant surgeon. To proceed to Portland, Oregon, and assume charge of the service, September 11, 1883.

Kalloch, P. C., assistant surgeon. To proceed to Philadelphia, Pa., for temporary duty, July 25, 1883. To rejoin his station, New York, July 31, 1883.

Yemans, H. W., assistant surgeon. Relieved from duty at Sitka, Alaska, and to proceed to Portland, Oregon, for temporary duty, July 10, 1883. To proceed to San Francisco, California, reporting for duty to Surgeon Vansant, September 11, 1883.

Glennan, A. H., assistant surgeon. To remain at Norfolk, Va., until further orders, July 29, 1883.

Wasdin, Eugene, assistant surgeon. To proceed to New Orleans, La., for temporary duty, August 2, 1883. To proceed to Mobile, Ala., for temporary duty, August 27, 1883. To rejoin his station (New Orleans) as soon as practicable, September 25, 1883.

PROMOTIONS.

Guitéras, John, passed assistant surgeon. Promoted and appointed passed assistant surgeon by the Secretary of the Treasury, from September 1, 1883, August 31, 1883.

Wheeler, W. A., passed assistant surgeon. Promoted and appointed passed assistant surgeon by the Secretary of the Treasury from September 1, 1883, August 31, 1883.

RESIGNATION.

O'Connor, F. J., assistant surgeon. Resignation accepted by the Secretary of the Treasury, to take effect August 1, 1883, August 2, 1883.

APPOINTMENT.

Wasdin, Eugene, M. D., of South Carolina, having passed the examination required by the regulations, was appointed an assistant surgeon by the Secretary of the Treasury, August 2, 1883.

Post-graduate Courses.

THE MEDICAL AND SURGICAL REPORTER was the first journal in the United States to advocate the establishment of post-graduate courses of instruction, and it is pleasant to see how warmly this novelty in medical education has been received by American physicians. There are three at present organized in this city, one connected with the University, one with the Jefferson, and a third independent of these colleges. Of that connected with the Jefferson, Dr. R. Bartholow is Dean, and it has a corps of eighteen instructors, numbering among them several of the ablest specialists in Philadelphia. Such facilities for graduates are urgently needed in this country, and we hope will be largely patronized.

Burgess' Air Compressor.

This useful invention, which will be found described in our advertising pages, is extremely well adapted for the continuous and regular administration of spray. It allows the operator to have one hand free, while with the other he directs the atomized fluid. It is worked by an easy motion of the foot, and the instrument is light, commodious, and cheap. In this city it has been in use for more than a year in the offices of specialists and in hospitals, and is steadily growing in favor. It has also many uses in general practice.

Personals.

—The death at the age of eighty-four is announced of Dr. Wilhelm Baum, of the University of Göttingen. He became the senior of the medical faculty on Wöhler's decease, and had long held the chair of surgery, which is now occupied by Koenig. He was considered in Germany as one of the school of conservative surgery, to which Langenbeck and Stromeyer belonged.

Items.

—The following is from a recent official circular in relation to the medical corps of the U. S. Army: "Few candidates pay the attention to hygiene which it deserves; it is always made a subject of this examination, and will be considered a vital one in the examination for promotion after the expiration of five years' service."

—M. Sebas, former pupil of the "Ecole Polytechnique," informs the Académie des Sciences that he has discovered the means of extracting alcohol from the fermented pulp of melons. Alcoholic fermentation does not take place in the pulp, notwithstanding the sugar it contains, until sulphuric acid is added. Five litres of alcohol can be extracted from thirty kilogrammes of pulp.

QUERIES AND REPLIES.

A Vehicle for Salicylate of Sodium.

EDS. MED. AND SURG. REP.:—

Will you or some of your readers kindly give me a method of combining salicylate of sodium so as to be as pleasant as possible? I desire a method that can be employed by a practitioner who dispenses his own medicines. I have been using spts. lavand. co. and syr. limon., but they do not answer.

"COUNTRY DOCTOR."

MARRIAGES.

JACKSON—TIERS.—In this city, October 20, 1883, by the Rev. Thomas P. Hutchinson, Dr. Charles Percival Jackson and Rosalie Vallance, daughter of the late Arundus and Anna M. Tiers, of this city.

RUDDEROW—WRIGHT.—In this city, on Thursday evening, October 18, 1883, at the Arch Street Methodist Episcopal church, by the Rev. Andrew Longacre, D. D., and the Rev. Joel Rudderow, Dr. Benjamin Janney Rudderow and Mary Armstrong Wright, daughter of Mr. Thomas F. Wright.

DEATHS.

BURNETT.—In New York city, on Friday, October 19, 1883, Dr. D. Walton Burnett, aged twenty-three years.